

# Utah Department of

## Performance Measures



### *Results Oriented Information*

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# INTRODUCTION

## Purpose

The Department of Human Services indicator and performance measure effort is critical to the Department's ability to answer the following questions:

- Does the Department make a difference in the lives of those it serves, in the communities in which it operates, and as an organization?
- Is the Department operating as efficiently and effectively as possible?

This report focuses primarily on the first question; however, Department agencies are reporting data semi-annually to answer both of these questions. Department agencies will be held accountable for their performance on these measures and will use the information to make resource and programmatic decisions.

## Process

The Department of Human Services has produced this report for the past five years to highlight the results of Department efforts. In FY00, the Department revised the process for determining which measures to report and the process for collecting and reporting these data based on feedback from its agencies. For the FY00 report, each agency within the Department was asked to identify the data elements they use 1) for decision making and 2) to determine whether their agency is effective. Discussions were held with groups from each agency, including the agency's director and research staff. The measures were then revised, and a number were selected for this report. This process ensured that the measures provided in the FY00 report were meaningful to the respective agencies as well as to the overall Department. During FY01, agencies have been refining these measures to ensure the data reflect the agencies' goals and operations.

At the Department level, staff have been working with agencies to establish a common language regarding the information we collect. As part of this process, it became clear that the Department has identified goals, indicators, and performance measures, but has not identified Department-wide outcomes. An outcome (or result) is defined as a condition of well-being for those we serve (e.g., children succeeding in school, safe children, self-sufficient families). The Department's goals do not identify results the Department is trying to achieve. During the next year, the Executive Director's Office will work with the agencies in the Department to develop a set of agreed-upon outcomes for the Department. These will be presented in the FY02 report. This FY01 report will focus on the stated Department goals and the indicators and performance measures that show progress toward these goals. The terms "indicator" and "performance measure" are defined as:

Indicator: A measure that helps quantify the achievement of a result.

Performance Measure: A measure of how well an agency or program service delivery is working.

## Description

This report is divided into two sections: 1) consumer indicators that measure how well consumers do in Department services, and 2) organizational performance measures that provide critical indicators of how well the Department is performing. The consumer indicators are organized by Department Goal (e.g., Enhancing the Quality of Life, Fostering Self Reliance, Protecting, Assuring Public Trust). The measures are displayed on a single page which includes a graphic showing the data trends, a definition of the measure, an analysis of the data, and the future actions the agency plans to take based on the data.

In general, more than one agency provides services to support each goal. However, some agencies determined that measures to show support of some goals were not as important to them as other measures, so they chose not to present data for these goals or revised.

The introduction page to each section will show whether the indicators and performance measures were provided in previous reports or whether they are new measures.

## Future Actions

The Department of Human Services and its agencies consider this effort a “work in progress.” The Department and its agencies will continue to refine the measures over time to ensure they remain meaningful. In addition, a number of agencies identified performance measures they would like to report but do not currently have a data source. As new data sources become available and agency priorities shift, measures may be added.

The Department is committed to collecting, analyzing, and using performance data to determine whether the Department’s efforts to serve its clients are effective. Any comments or suggestions to this report are welcomed by Robin Arnold-Williams, the Department Executive Director, at (801) 538-4001, or E-mail [dirdhs@email.state.ut.us](mailto:dirdhs@email.state.ut.us). This report is also available on the Department of Human Services Web Site at [www.dhs.state.ut.us](http://www.dhs.state.ut.us).

# ACKNOWLEDGEMENTS

As with most Department projects, this Outcomes Report involved the efforts of many people. A special thank you to Jody Talbot who formatted the report. The following people in the Department of Human Services Data Group and agency directors have been particularly diligent in ensuring the final product is accurate and readable:

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A special thank you to all those names above and to all Department staff who contribute to the delivery of services shown in this report.

## TREND FROM PREVIOUS YEAR



Indicator Improved from Previous Year



Indicator Declined from Previous Year



Indicator Same as Previous Year

<b>CONSUMER INDICATORS</b>	<b>Change from FY00</b>
<b>Goal: Enhancing Quality of Life</b>	
Frequency of Use of Primary Drug at Discharge (DSA)	
Client status from admission to follow-up in Community Mental Health Centers. (DMH)	
Clients whose status improved from admission to follow-up in the Utah State Hospital. (DMH)	
Clients re-admitted to the Utah State Hospital within 6 months of discharge. (DMH)	
Adult clients saying services help them deal more effectively with daily Problems. (DMH)	
Consumers meeting the passing criteria for personal outcomes during QE review. (DSPD)	
Clients with improved living conditions. (DSA)	
<b>Goal: Fostering Self Reliance</b>	
Clients employed at discharge. (DSA)	
Non-public assistance child support cases paying on current orders (where order established). (ORS)	
Total child support paid to parents. (ORS)	



Indicator Improved from Previous Year













Indicator Declined from Previous Year



Indicator Same as Previous Year

<b>CONSUMER INDICATORS (cont.)</b>	<b>Change from FY00</b>
<b>Goal: Protecting</b>	
Cases with subsequent substantiated allegations within 1 year of case closure. (DCFS)	
Children, previously in custody, re-entering out-of-home care within 6, 12, 18 months. (DCFS)	
Children achieving permanency within 12 months of entering DCFS custody. (DCFS)	
Domestic violence victims sheltered. (DCFS)	
Average number of arrests after admission. (DSA)	
Youth clients with reduced number of offenses during a 12-month period. (DYC)	
<b>Goal: Assuring Public Trust</b>	
Provider agencies who meeting criteria for successful results on first review. (DSPD)	
Qualitative case reviews passing the overall score for Client and Family Status. (OSR)	
Valid complaints to the Office of Child Protection Ombudsman. (OCPO)	

	Indicator Improved from Previous Year
	Indicator Declined from Previous Year
	Indicator Same as Previous Year

<b>PERFORMANCE MEASURES</b>	<b>Change from FY00</b>
<b><i>Consumer Involvement</i></b>	
Families with children receiving services from DHS who are required to pay support paying on current orders. (ORS)	
Clients feeling they are included in decisions about services. (DMH)	
Clients included in person-centered planning. (DSPD)	
Victim restitution paid and community service hours completed. (DYC)	
<b><i>Staff Management</i></b>	
Employees leaving their position at the State. (OHR)	
<b><i>Timeliness</i></b>	
Children in DCFS custody who have initial health and dental exams within specified time frames. (DCFS)	
Time from termination of parental rights to finalization of adoption. (DCFS)	





Indicator Improved from Previous Year



Indicator Declined from Previous Year



Indicator Same as Previous Year

<b>PERFORMANCE MEASURES (cont.)</b>	<b>Change from FY00</b>
<b><i>Service Access</i></b>	
Adult clients saying they were able to get services needed. (DMH)	
Census population served by Mental Health and Substance Abuse Systems. (DMH and DSA)	
Eligible adults receiving services from DAAS Alternatives, Waiver, and Respite programs. (DAAS)	
Paternity establishment. (ORS)	
Foster care placement changes per service episode. (DCFS)	
Placement changes per youth in Youth Corrections	
<b><i>Public Trust</i></b>	
AWOLs from the Youth Corrections system. (DYC)	
AWOLs from the Utah State Hospital. (DMH)	
Overpayments determined. (ORS)	
Total Medicaid collections. (ORS)	
Total Medicaid cost avoidance. (ORS)	
Public assistance child support cases who are paying on current orders (where order established). (ORS)	

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# DEPARTMENT GOALS

☐ **ENHANCING QUALITY OF LIFE**

Support people with special needs in leading lives that are independent, productive and fulfilling through prevention and intervention.

☐ **FOSTERING SELF RELIANCE**

Support people in achieving self-reliance. Foster and encourage natural support systems within families and communities.

☐ **STRENGTHENING FAMILIES**

Support families in acquiring resources to nurture and provide for their children and/or other family members.

☐ **PROTECTING**

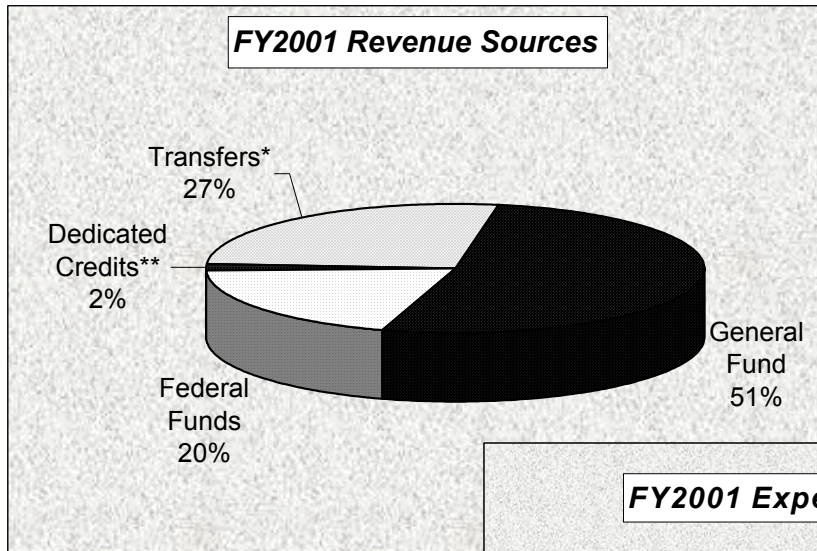
Prevent and protect from harm those at risk of being abused, neglected or exploited.  
Protect the community from youthful and adult offenders who are served by the Department.

☐ **ASSURING PUBLIC TRUST**

Assure that public funds and other resources are utilized effectively and efficiently.  
Commit to excellence through quality improvement in all aspects of the Department.

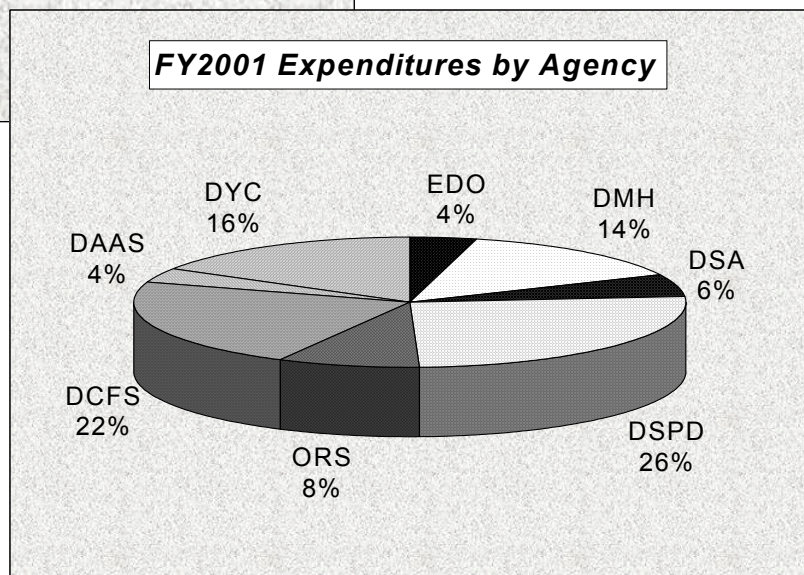
# DEPARTMENT INFORMATION

## The Budget



\* *Transfers (mainly Medicaid from the Department of Health)*

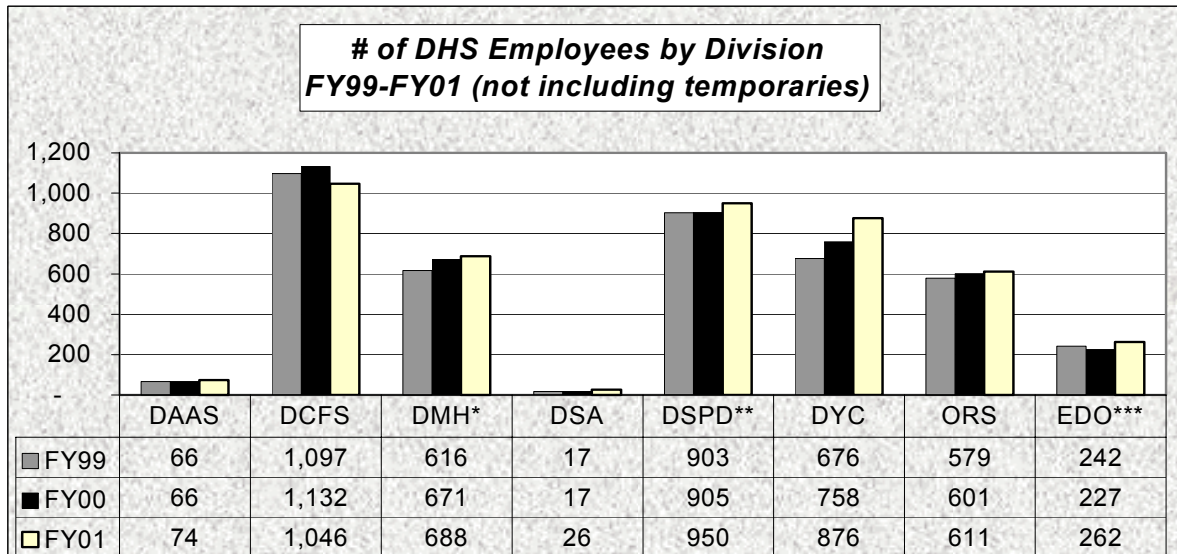
\*\* *Collections from fees, Medicare, Office of Recovery Services, etc.*



### FY2001 Expenditures

Aging and Adult Services	\$ 18,417,261
Child and Family Services	\$115,995,329
Mental Health	\$ 73,790,335
Substance Abuse	\$ 27,818,126
Drug Courts	\$ 1,421,027
Services for People with Disabilities	\$134,164,063
Youth Corrections	\$ 85,004,336
Recovery Services	\$ 41,978,131
Executive Director's Office	\$ 19,555,079
<b>Total</b>	<b>\$518,143,690</b>

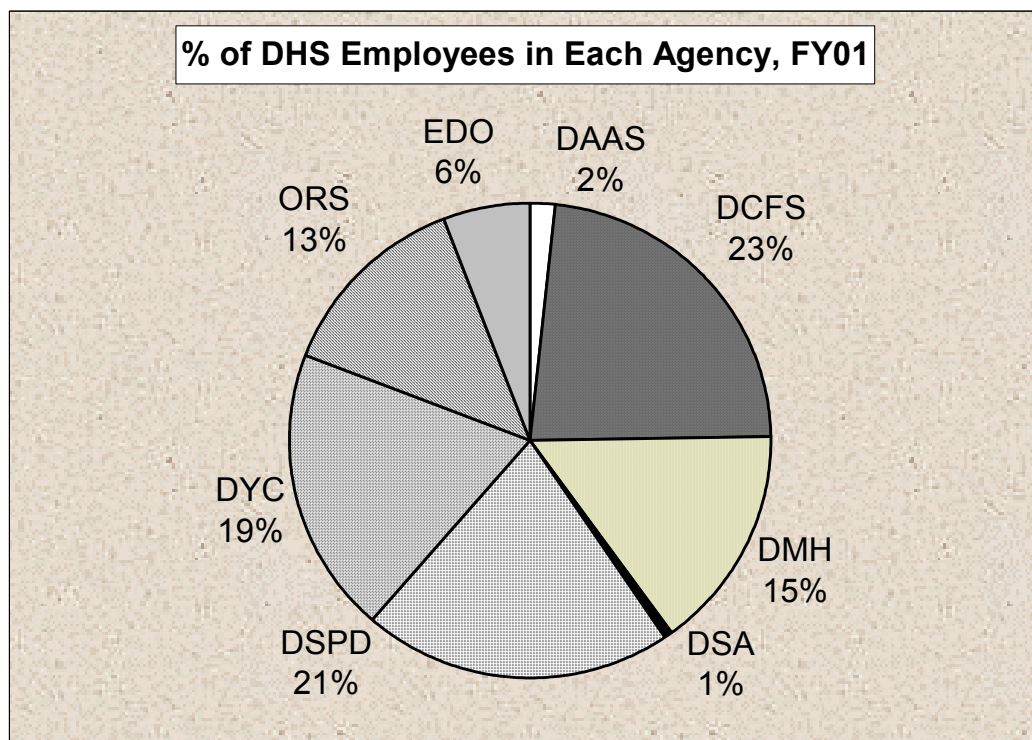
# The Staff



\* Includes Utah State Hospital

\*\* Includes the State Developmental Center

\*\*\*Includes the Executive Director's Office, Administrative Support, Technology, Fiscal Operations, Human Resources, and Administrative Hearings.



# Clients Served by Programs

The tables below show the number of clients served by major programs within each division. The numbers are unduplicated within programs (each person served by a program is counted only once). However, for some divisions, the numbers are duplicated across programs (a person served by two programs would be counted twice). Therefore, the numbers cannot be added to determine the total number of clients served by the division. Where totals are presented, the division was able to provide an unduplicated number.

<b>Division of Child and Family Services</b>		
	<b><u>FY00</u></b>	<b><u>FY01</u></b>
Total Served	52,507	51,518
CPS Clients	25,425	25,414
In-Home	27,608	27,110
Foster Care*	4,352	3,848
Foster Care**	2,147	2,028
* Total Served Throughout the Year		
**Number in Foster Care in October		

<b>Division of Youth Corrections</b>		
	<b><u>FY00</u></b>	<b><u>FY01</u></b>
<b><u>Total Served</u></b> (during the year)	8,355	8,288
<b><u>Average Daily Count</u></b>		
Secure Detention	299	304
Community Placements	836	770
Observation & Assessment	78	78
Secure Facilities	199	210

<b>Division of Services for People with Disabilities</b>		
	<b><u>FY00</u></b>	<b><u>FY01</u></b>
Total Served	3,903	3,906
Community Living	1,227	1,237
Day Support	1,305	1,399
Family Support	2,366	1,490
Supported Living	458	537
Supported Employment	925	917

<b>Division of Aging and Adult Services</b>		
	<b><u>FY00</u></b>	<b><u>FY01</u></b>
Congregate Meals	22,498	21,983
Home Del. Meals	8,013	9,161
Alternatives Program	1,203	1,268
Waiver Program	780	822
Respite Care	223	312
Adult Protective Svcs	2,374	2,307

<b>Division of Substance Abuse</b>		
	<b><u>FY00</u></b>	<b><u>FY01</u></b>
Total Served	21,383	22,962
Detoxification	5,456	2,802
Residential	2,894	3,709
Outpatient	13,033	16,451

<b>Division of Mental Health</b>		
	<b><u>FY00</u></b>	<b><u>FY01</u></b>
Total Served	41,566	N/A
Outpatient Treatment	40,748	37,954
Day Treatment	4,428	4,121
Residential Support	808	795
Residential Treatment	2,514	2,234
Inpatient Treatment	1,668	1,610





# **CONSUMER INDICATORS**

*(Measures how well consumers do when involved in Department services.)*



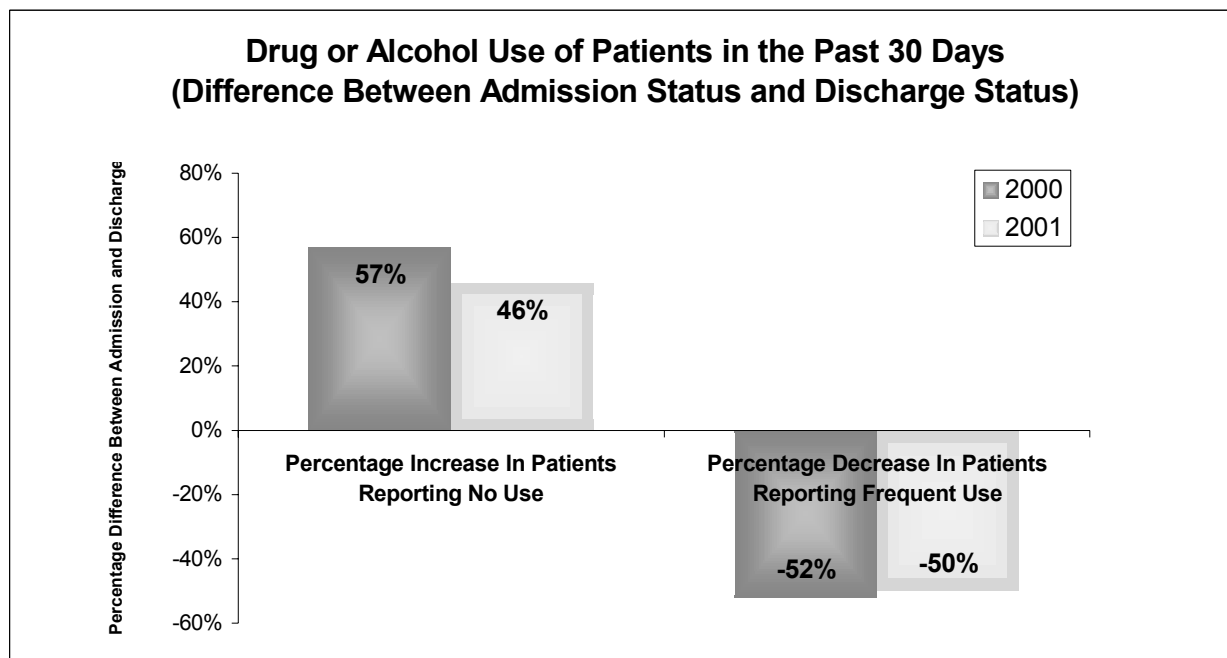
## ***Goal: Enhancing the Quality of Life***

### **Indicators**

- Frequency of use of primary drug at discharge. (DSA)
- Client status from admission to follow-up in Community Mental Health Centers. (DMH)
- Client status from admission to follow-up in Utah State Hospital. (DMH)
- Clients re-admitted to the Utah State Hospital within 6 months of discharge. (DMH)
- Adult clients saying services help them deal more effectively with daily problems. (DMH)
- Consumers meeting the passing criteria for personal outcomes during QE review. (DSPD)
- Clients with improved living conditions. (DSA)

## FREQUENCY OF USE OF PRIMARY DRUG AT DISCHARGE

Source: Division of Substance Abuse



**Definition:** Upon admission to substance abuse treatment, each client is assessed to determine the severity/frequency of his or her alcohol and/or other drug use. At that time, the number of days in the past month the client used alcohol or other drugs is documented. Beginning in FY00, clients are re-assessed at discharge from treatment.

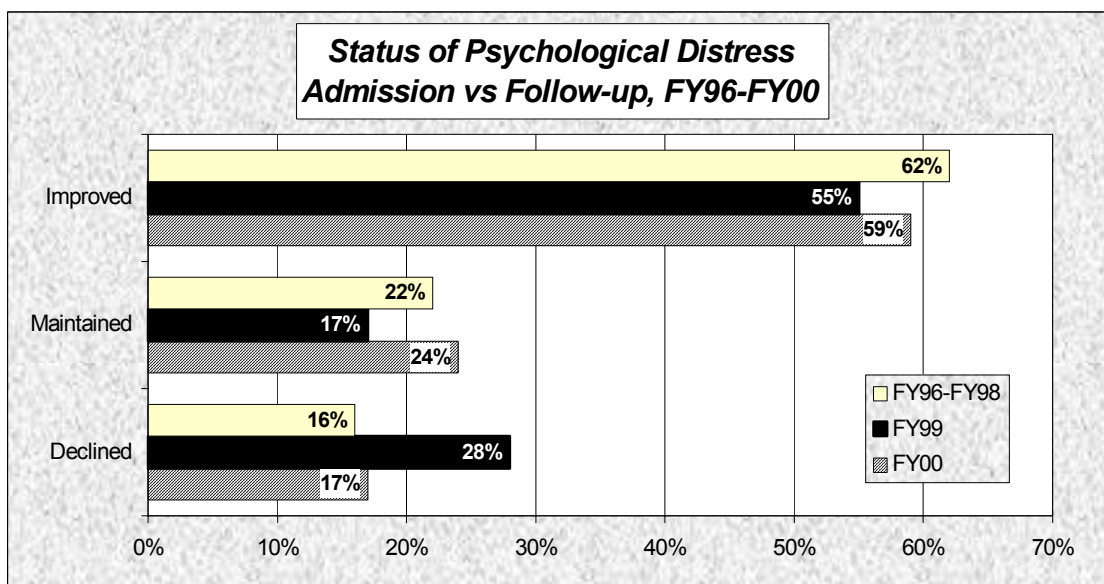
**Analysis:** The above graph indicates that the percent of clients in FY2001 who reported using

no substances in the past month increased by 46% between admission and discharge. In addition, 50% fewer clients reported frequent use of substances. Overall, in FY2001, 66% of substance abuse clients were drug free for the 30 days prior to discharge.

**Future Actions:** More aggressive measures are being taken with several of the more chronic populations in the substance abuse treatment system to monitor their drug usage and to advance their efforts toward abstinence.

## CLIENT STATUS FROM ADMISSION TO FOLLOW-UP IN COMMUNITY MENTAL HEALTH CENTERS

Source: Division of Mental Health



**Definition:** The chart above provides results of the General Well Being (GWB) instrument--a 10-item client (adult scale) self rating instrument that addresses the following areas: sense of general well-being, energy level, emotional/behavioral control, depressed/cheerful mood, tension/anxiety state, and somatic distress or health worries.

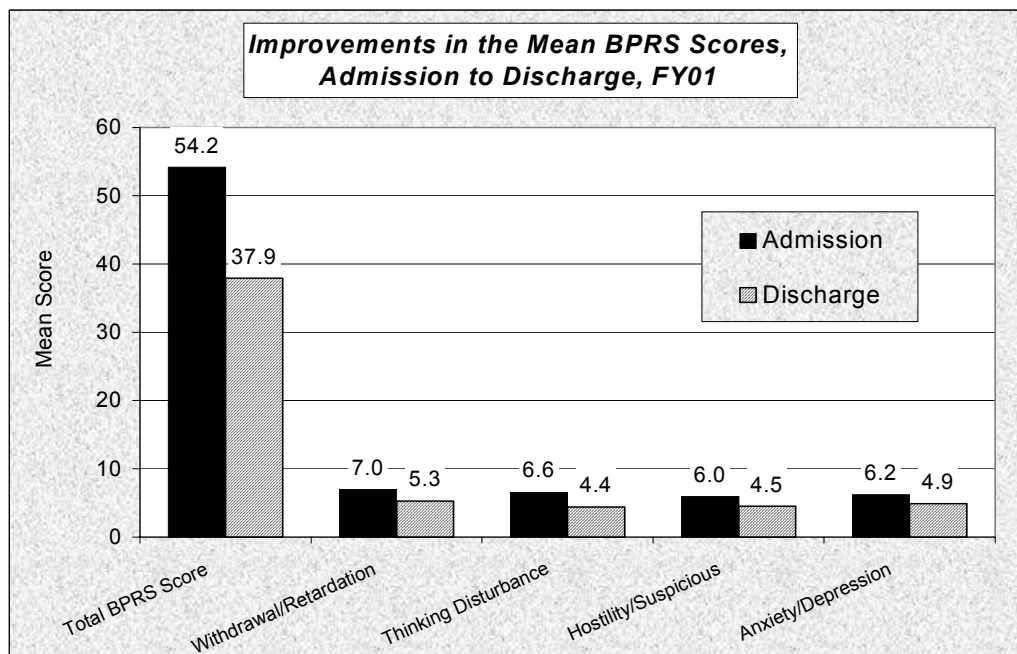
**Analysis:** The GWB shows changes in the overall level of psychological distress for persons receiving services at the community mental health centers in Utah. Psychological

symptoms for clients receiving services in the community mental health centers during FY01 improved since last year (59% vs. 55%). However, the period FY 96-FY98 showed the highest levels of improvement (62%).

**Future Actions:** Conduct detailed analysis with risk assessments of key variables and continue ongoing data quality management to improve mental health services to clients. Carefully monitor centers that fall well below the average gains.

## PATIENT OUTCOME STATUS FROM ADMISSION TO FOLLOW-UP IN THE UTAH STATE HOSPITAL

Source: Division of Mental Health



**Definition:** The chart above provides results of the Brief Psychiatric Rating Scale (BPRS) which rates a patient from one through seven (severe) on 24 items that provide a short-hand method of briefly describing a patient's major area of pathology. These areas are further combined into symptom clusters or subgroups of related syndromes. The BPRS is given soon after admission, 90 days after admission, and every 90 days thereafter.

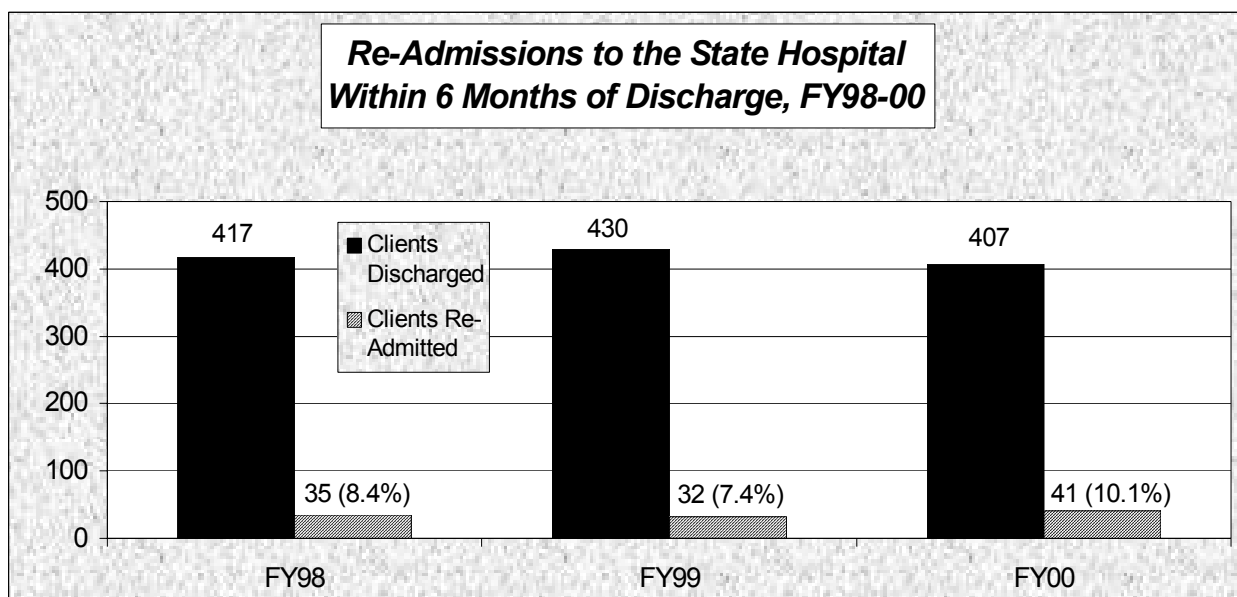
**Analysis:** A reduction in BPRS score indicates significant improvement in patient status. The improved BPRS total symptom score and four sub-scale scores demonstrates the

Hospital's ability to reduce patient symptoms prior to discharge. For all patients that received a BPRS within 35 days of discharge (n=93), the average total symptom score improved by 30%.

**Future Actions:** The Hospital will continue to monitor patient progress through the administration of the BPRS. These actions are designed to further increase treatment effectiveness.

## CLIENTS RE-ADMITTED TO THE UTAH STATE HOSPITAL WITHIN SIX MONTHS OF DISCHARGE

Source: Utah State Hospital, Division of Mental Health



**Definition:** The number of all mental health patients discharged from the State Hospital who return to the State Hospital within six months of discharge as a percent of all patients discharged from the State Hospital during that year.

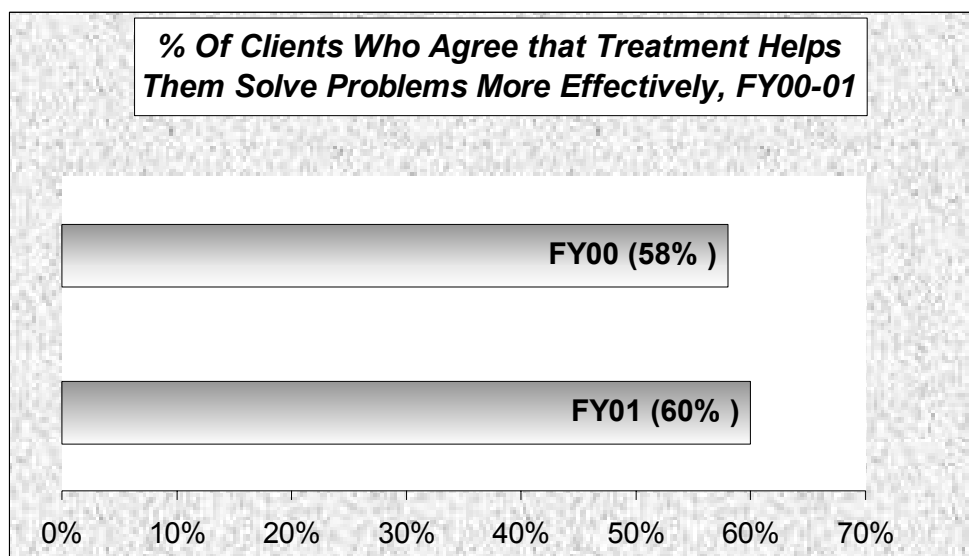
**Analysis:** Focusing on reducing client length-of-stay at mental health facilities across the country can encourage facilities to release mental health patients before they are ready. Changing the focus to reviewing re-admission rates indicates whether mental health facilities are providing the appropriate level and length of

services to ensure their clients can adequately function in the community with appropriate supports. The low re-admission rate indicates that the State Hospital is effective in assessing and addressing patient symptoms. Each year's readmission rate is among the lowest rate in the nation based on preliminary statistics. Interstate comparisons will be released in the fall of 2002.

**Future Actions:** The utilization review and executive committees will continue to carefully monitor individual cases.

## ADULT CLIENTS SAYING SERVICES HELP THEM DEAL MORE EFFECTIVELY WITH DAILY PROBLEMS

Source: Division of Mental Health



**Definition:** The Division of Mental Health (DMH) administers a client satisfaction survey to its clients throughout the year. The survey gathers opinions from clients on 28 items. The graph above shows the response to: “As a direct result of my treatment, I deal more effectively with daily problems.”

**Analysis:** The graph above indicates that well over half (60%) of clients felt the services they received from community mental health centers helped them deal more effectively with

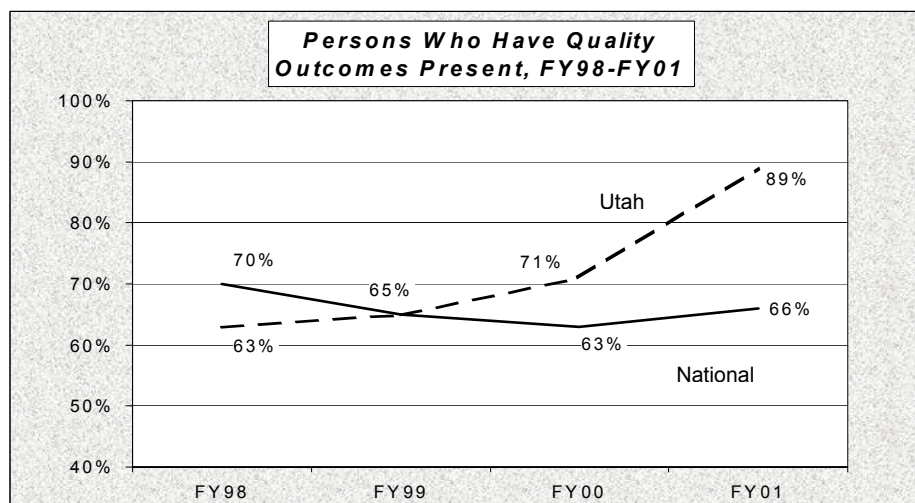
their problems. This represents a slight improvement from last year.

**Future Actions:** The Division of Mental Health and community mental health centers will examine the results to this question and determine if changes need to be made in the way services are delivered.



## CONSUMERS MEETING THE PASSING CRITERIA FOR PERSONAL OUTCOMES DURING QE REVIEW

Source: Division of Services for People with Disabilities



Data Source: Quality Enhancement Database and The Council's National Outcomes Database.

**Definition:** The percentage of persons receiving support from the Division of Services for People with Disabilities who have 13 or more of the 25 quality outcomes present is shown in the chart above. The chart compares results from Utah with national statistics. Quality outcomes are defined by The Council on Quality and Leadership in Supports for People with Disabilities, an accreditation organization. Trained reviewers determine the presence or absence of outcomes through conducting interviews with the person receiving supports and others who “know the person best”. Those receiving support determine the significance of outcomes based on their personal preferences in the areas of identity, autonomy, affiliation, attainment, rights, safeguards, and health and wellness.

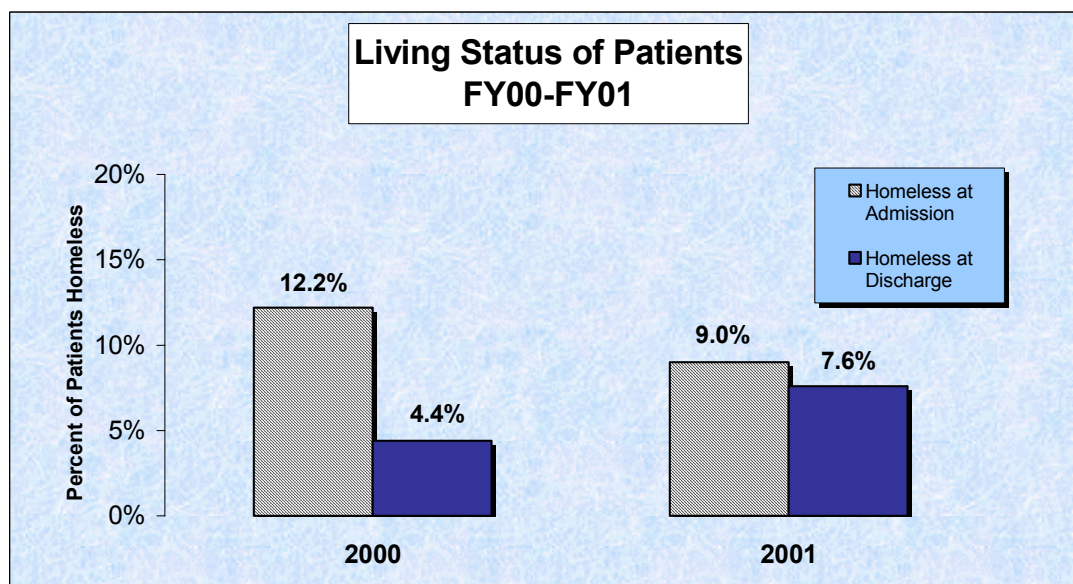
**Analysis:** The percentage of persons receiving Division funding who have improved

quality of life has increased from 63% to 89% over the past four years. The improvement in Utah may be due to the Division’s ongoing focus on training, evaluation, self-determination, and supports designed to reflect the consumer’s personal preferences. The national data have remained fairly constant.

**Future Actions:** A comprehensive evaluation process was implemented in FY01. The process expanded review beyond quality outcomes to a review of health, safety, and contract compliance. This more in-depth monitoring process is believed to be complete, reliable, and preventative in addressing system-wide problems. The new process will be evaluated for effectiveness in FY02 and improved based on the findings. Review of quality will be expanded to in-house supports over the next year.

## CLIENTS WITH IMPROVED LIVING CONDITIONS

Source: Division of Substance Abuse



**Definition:** Each client's living arrangement is evaluated upon admission into substance abuse treatment. They are classified as either being homeless, dependent (i.e., halfway house) or independent (own, rent, or live with family/friends). Beginning in FY00, the Division of Substance Abuse began tracking the living arrangements of clients as they leave treatment in order to evaluate the effectiveness of treatment in assisting clients to find and maintain an independent living environment.

**Analysis:** Because a stable living environment is a critical element in achieving long-term successful results from substance abuse treatment, the treatment providers across Utah work very hard to assist clients in establishing a more stable living situation. The

above graph indicates that 9% of clients were homeless when they entered treatment. At discharge, 1.4% of the clients had found themselves in a more stable living environment—a 16% reduction in clients who were homeless. In FY00, there was a 64% reduction in homelessness between admission and discharge.

**Future Actions:** Research around the country has repeatedly shown that a stable living environment is a key ingredient to achieving successful outcomes in substance abuse treatment. The substance abuse treatment field therefore continues to place significant emphasis on helping clients achieve and maintain a stable living environment.

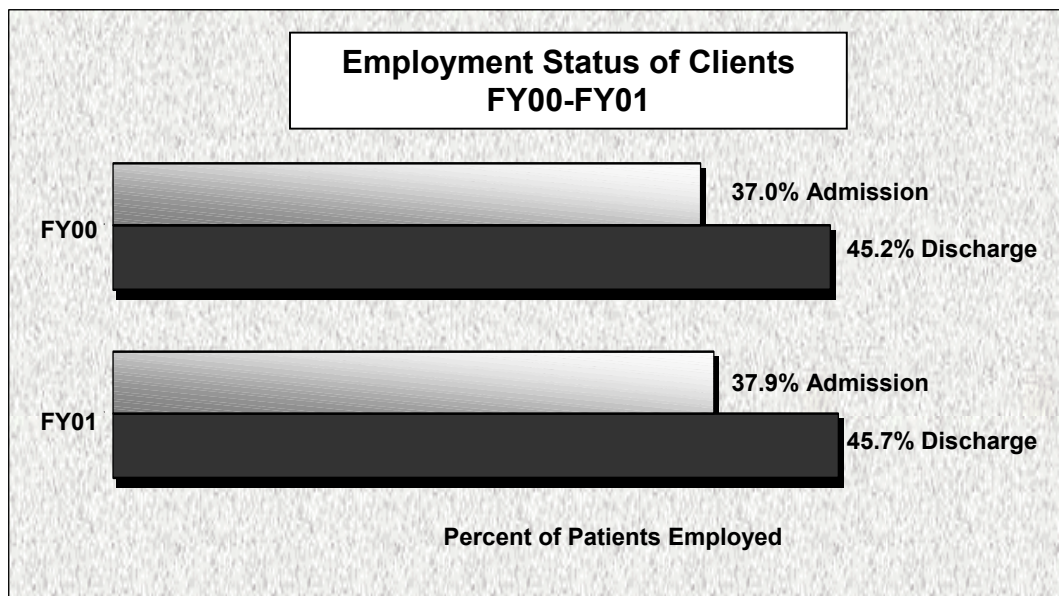
## ***Goal: Fostering Self-Reliance***

### Indicators

- Clients employed at discharge. (DSA)
- Adults participating in integrated community employment. (DSPD-NEW)
- Non public assistance child support cases paying on current orders (where order established). (ORS)
- Total child support paid to parents. (ORS)
- Youth completing the Independent Living Program who receive their high school diploma or GED while in State custody. (DCFS-NEW)

## CLIENTS EMPLOYED AT DISCHARGE

Source: Division of Substance Abuse



**Definition:** Each client's employment status is evaluated upon admission into substance abuse treatment. They are classified as either being employed full-time, employed part-time, unemployed, or not in the labor force (e.g., student, retired, etc.). Beginning in FY00, the Division of Substance Abuse began to track the employment status of clients as they leave treatment in order to evaluate the effectiveness of treatment in assisting clients to find and maintain employment.

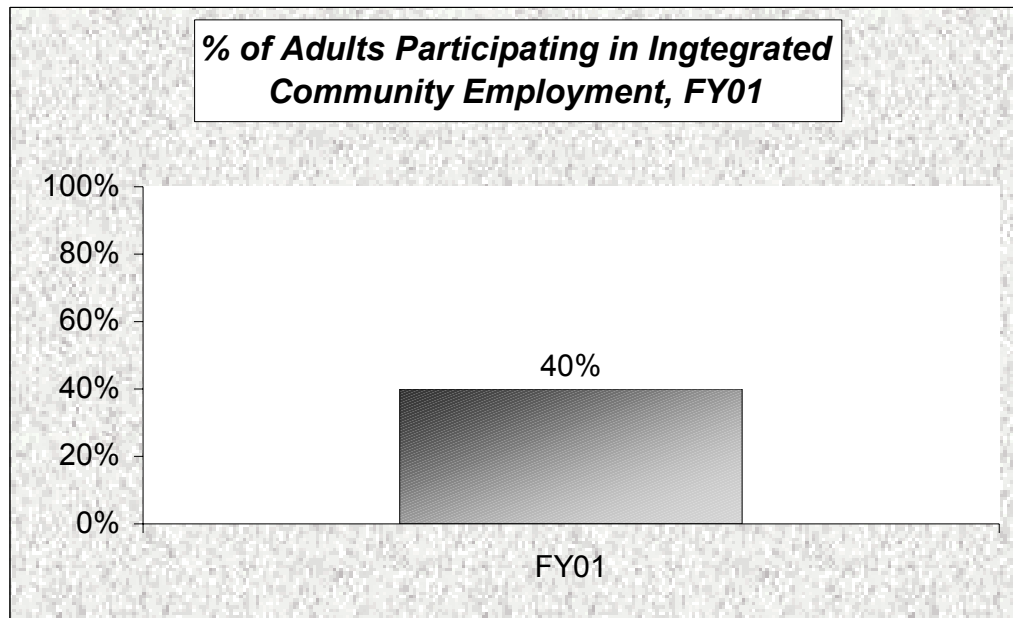
**Analysis:** The employment status of a patient struggling with a substance abuse or dependence problem is a key ingredient to a successful recovery. The statistics collected by the

Division indicate that in FY01, nearly 46% of clients were employed at discharge. The number of clients who were employed increased by 20% from admission to discharge. These improvements are similar to those experienced in FY00.

**Future Actions:** Treatment providers are making greater efforts to work with other agencies and organizations in their communities to help more clients either find and maintain regular employment or receive the education/training they need to enter the labor force.

## ADULTS PARTICIPATING IN INTEGRATED COMMUNITY EMPLOYMENT

Source: Division of Services for People with Disabilities



Source Data: Utah Social Services Database System (USSDS), Payment and Authorization for Service Data.

**Definition:** The number of adults receiving funding from the Division of Services for People with Disabilities (DSPD) for community integrated employment divided by the total number of adults who receive any type of daytime supports is shown in the chart above. Supported employment services provide assistance for adults with developmental disabilities to acquire and maintain competitive employment. (New Measure)

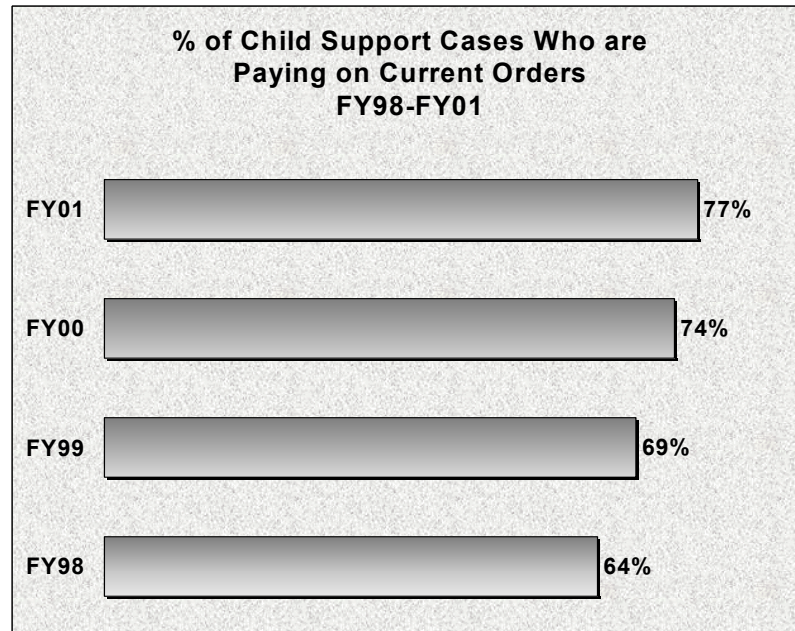
**Analysis:** Approximately 40% of the total number of people who receive supports during the day from the Division participate in supported employment. This means that more persons with disabilities in Utah are contributing to Utah and Federal income taxes than ever before. When persons with disabilities get and keep jobs, their personal control and power over what happens to them is enhanced which affects who they have as friends and how they act and

feel about themselves. It also helps members of the community see persons with disabilities as people who are fully capable of making meaningful contributions to society.

**Future Actions:** The Division will evaluate day and employment supports in FY02 and make recommendations on best practices for providers. The Division will encourage providers to offer a wider range of service options based on the person's preferences for the type of job and where and with whom the person wants to work. The Division will continue to assure that supported employment specialists will have the necessary knowledge base and skill sets to place people with disabilities in companies that offer high wages, benefits, and good working conditions. The Division will maintain its focus on assuring that persons with disabilities have meaningful jobs.

## NON-PUBLIC ASSISTANCE CHILD SUPPORT CASES PAYING ON CURRENT ORDERS (WHERE ORDER ESTABLISHED)

Source: Office of Recovery Services



**Definition:** The number of non-public assistance child support cases in which at least one payment was received within the most recent three months divided by the total number of non-public assistance cases with orders.

**Analysis:** This measure demonstrates how well the Office of Recovery Services (ORS) performs in the collection of current and overdue child support. When families receive the support to which they are entitled, they are more likely to become and remain self-sufficient. This reduces the need for other Department services as well as public assistance services.

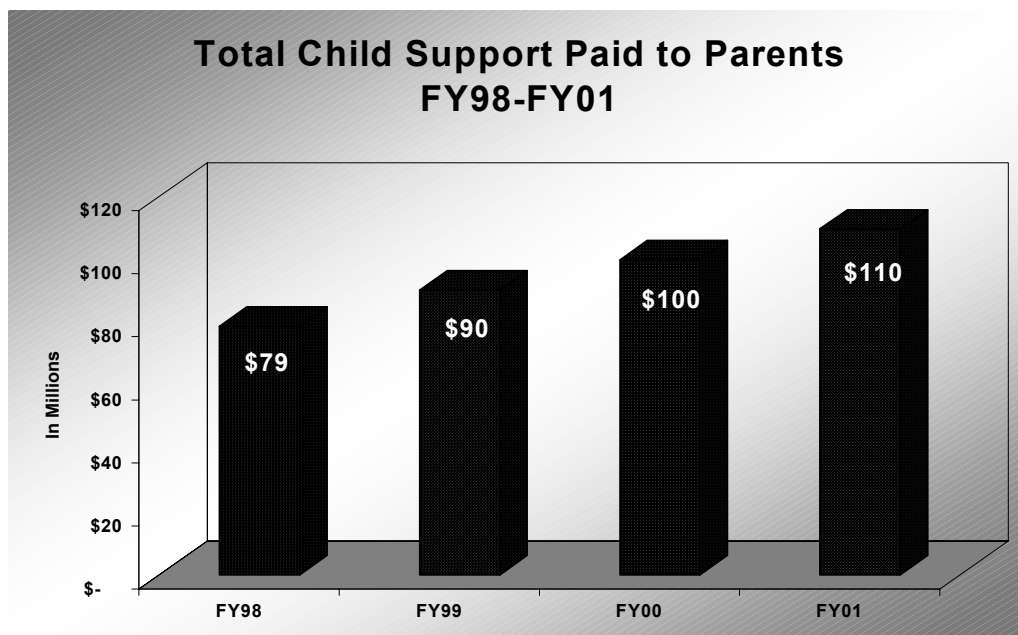
The percent of non-public assistance child support payments on current orders shows a steady increase over the most recent four fiscal years, going from 64% in FY98 to 77% in FY01. This improvement is due to a number of

factors, which include staff efforts and clear performance targets. In addition, the availability of tools such as the New Hire Registry, Financial Institution Data Matching, and increased efficiency gained through ongoing enhancements to ORS' computer information system contribute to the increased percentage.

**Future Actions:** ORS will continue to provide in-depth, ongoing training for staff, as well as ensure that program policy is current and available to all staff to support their case management activities. Case management process improvement is ongoing. ORS also plans to continue ongoing enhancements to its computer system. This will allow for increased efficiency in conducting case management and accounting activities.

## TOTAL CHILD SUPPORT PAID TO PARENTS

Source: Office of Recovery Services



**Definition:** Total amount of child support collected on behalf of, and distributed to, children and families.

**Analysis:** This measure demonstrates how well the Office of Recovery Services (ORS) performs in the collection of current and overdue child support. When families receive the support to which they are entitled, they are more likely to become and remain self-sufficient. This reduces the need for other Department services, as well as public assistance services.

Non public assistance child support collections have increased substantially over the past three years. From FY98 through FY01, collections increased by 39%, with a 10% increase in the past fiscal year. This success is due to a number of factors, including staff efforts and clear performance targets. In addition, the availability of tools such as the New Hire Registry,

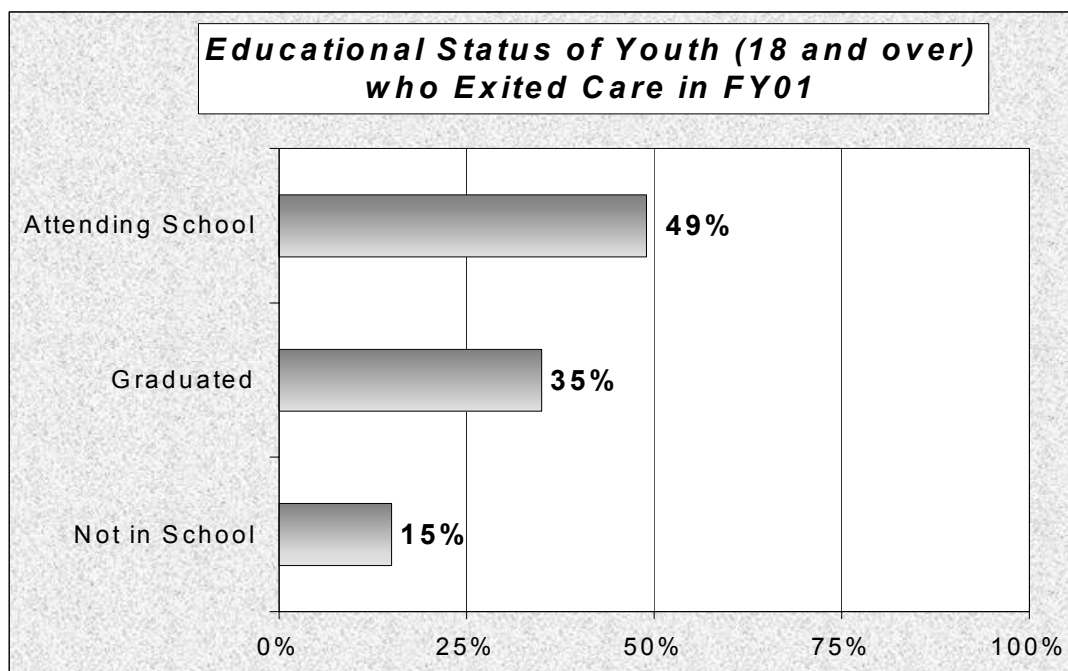
Financial Institution Data Matching, and increased efficiency gained through ongoing enhancements to ORS' computer information system contribute to increased collections.

**Future Actions:** ORS will continue to provide in-depth, ongoing training for staff, as well as ensure that program policy is current and available to all staff to support their case management activities. Case management process improvement is ongoing. ORS plans to continue ongoing enhancements of its computer system. This will allow for increased efficiency in conducting case management and accounting activities. Efforts are also underway to increase the number of Electronic Fund Transfers in the management of interstate cases and in the disbursement of funds to families. This reduces costs and allows families to receive child support funds sooner.



## YOUTH COMPLETING THE INDEPENDENT LIVING PROGRAM WHO RECEIVE THEIR HIGH SCHOOL DIPLOMA OR GED WHILE IN STATE CUSTODY

Source: Division of Child and Family Services



Data Source: Independent Living personnel and SAFE database.

**Definition:** Youth are eligible to receive Independent Living services on their sixteenth birthday. The number of youth completing their high school requirements or receiving a GED was obtained by determining the educational status of all children 18 and over that exited care during the fiscal year.

**Analysis:** These data measure the success of DCFS in assisting older children gain high school education or GED. The entry and tracking of educational level in the SAFE system is new to caseworkers. Consequently, 51% of the children in DCFS do not have school status listed in the system. Of those who do have information, 49% were still attending school at

case closure, 35% had graduated and 15% were not in school.

**Future Actions:** DCFS data collection is in the developmental stages for this population. DCFS' goal is to ensure that data are entered completely into the SAFE module and to ensure that the federal reporting requirements, which are currently being developed, are met. To meet this goal, DCFS will review the SAFE module, develop an action plan, and train caseworkers and Independent Living staff on its use. After data are entered completely, DCFS will be able to assess performance.



## ***Goal: Protecting***

### **Consumer Safety**

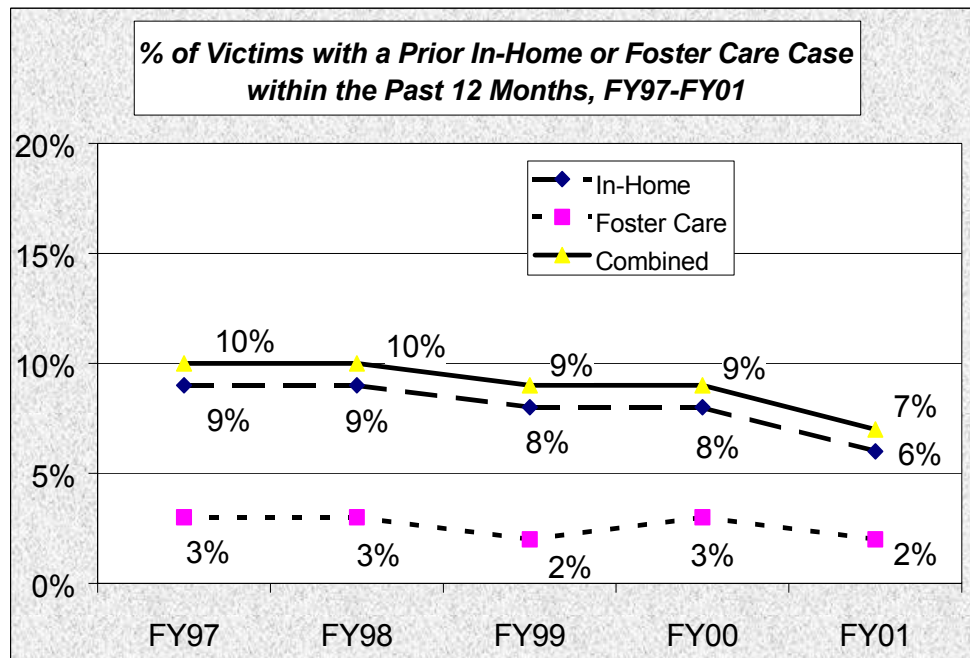
- Cases with subsequent substantiated allegations within 1 year of case closure. (DCFS)
- Children, previously in custody, re-entering out-of-home care within 6, 12, 18 months. (DCFS)
- Children achieving permanency within 12 months of entering DCFS custody. (DCFS)
- Substantiated Adult Protective Services referrals receiving a second referral within 6 months of the first referral. (DAAS-NEW)
- Domestic violence victims sheltered. (DCFS)

### **Community Safety**

- Average number of arrests after admission. (DSA)
- Youth clients with reduced number of offenses during a 12-month period. (DYC)

## CASES WITH SUBSEQUENT SUBSTANTIATED ALLEGATIONS WITHIN 1 YEAR OF CASE CLOSURE

Source: Division of Child and Family Services



**Data Source:** SAFE Database.

**Definition:** Information was gathered by obtaining data on substantiated child victims of Child Protective Services cases. The system was then queried to determine if any of these children were foster care or in-home clients within 12 months prior to the current CPS report. These data represent child clients or individual child victims.

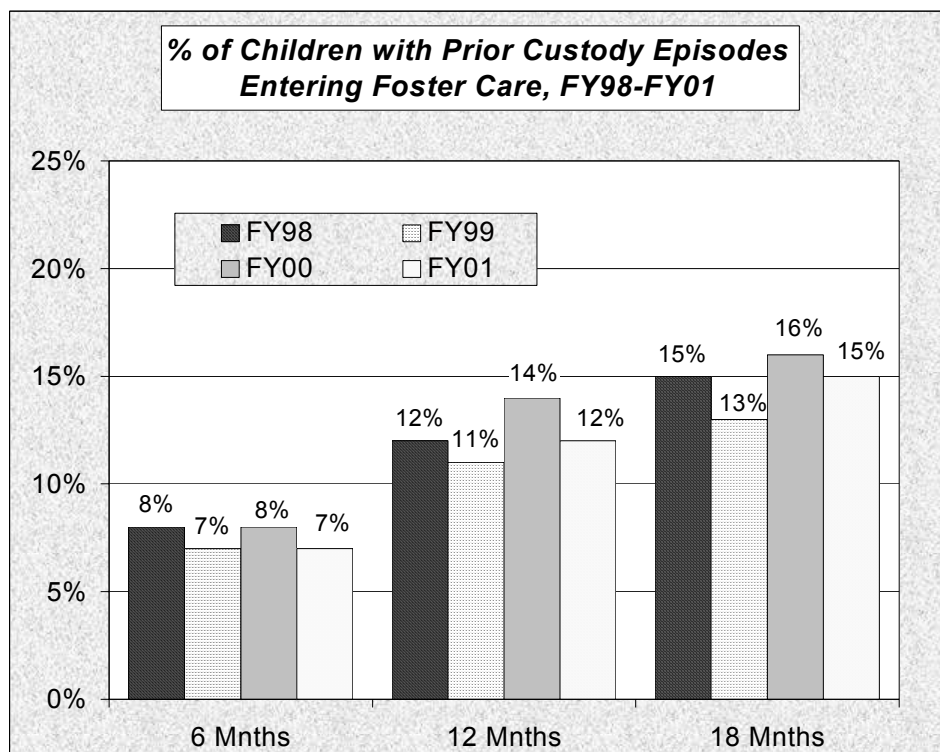
**Analysis:** These data measure whether biological families maintain their children safely in their home; whether needed services are being identified for and provided to families; and finally, the effectiveness of families to maintain safety in the home and to cope after they receive services. The figures in the chart above indicate that the percent of children returning to the

Division of Child and Family Services (DCFS) has decreased slightly over the past 5 years.

**Future Actions:** DCFS' goal is to reduce the number of children who have additional DCFS involvement within 12 months of case closure. Practice Model training in DCFS is improving workers' abilities to team with families to develop strategies for family stability and to identify needed services and resources. It is anticipated that this training will reduce the number of children who have additional DCFS involvement within 12 months by improving service delivery. DCFS will be able to assess the effectiveness of this training by monitoring these trends over time.

## CHILDREN, PREVIOUSLY IN CUSTODY, RE-ENTERING OUT-OF-HOME CARE WITHIN 6, 12, 18 MONTHS

Source: Division of Child and Family Services



Source: SAFE Database.

**Definition:** The number of children in out-of-home care who were previously in custody within 6, 12 and 18 months divided by the total number of clients in out-of-home care whose cases were opened during the indicated fiscal year.

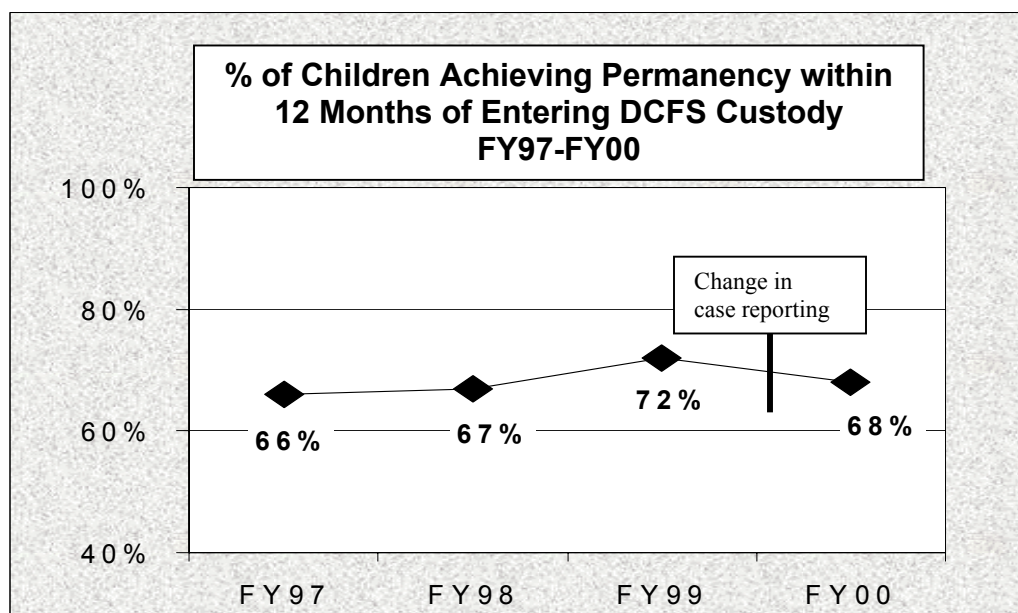
**Analysis:** These data reflect the success of service delivery as well as success in selecting a permanency goal for children in Division of Child and Family Services (DCFS) custody. Reentry rates have remained fairly stable since FY98. (Increases between FY99 and FY00 are attributable to changes in how foster care cases were entered into the SAFE system)

**Future Actions:** DCFS' goal is to reduce the number of children who have additional

DCFS involvement within 12 months of case closure. Practice Model training in DCFS is improving workers' abilities to team with families to develop strategies for family stability and to identify needed services and resources. It is anticipated that this training will reduce the number of children who have additional DCFS involvement within 12 months by improving service delivery. In addition, DCFS and the Office of Services Review are conducting a special study on children that reenter out-of-home care and reasons for those reentries. DCFS will use the results to determine strategies to reduce reentry into care.

## CHILDREN ACHIEVING PERMANENCY WITHIN 12 MONTHS OF ENTERING CUSTODY

Source: Division of Child and Family Services



Data Source: SAFE database. DCFS FY00 Outcome Measures Report.

**Definition:** This measure is determined by taking the number of children who entered out-of-home care and attained permanency through custody termination within one year after entering custody divided by the total number of children who entered out-of-home care during that fiscal year.

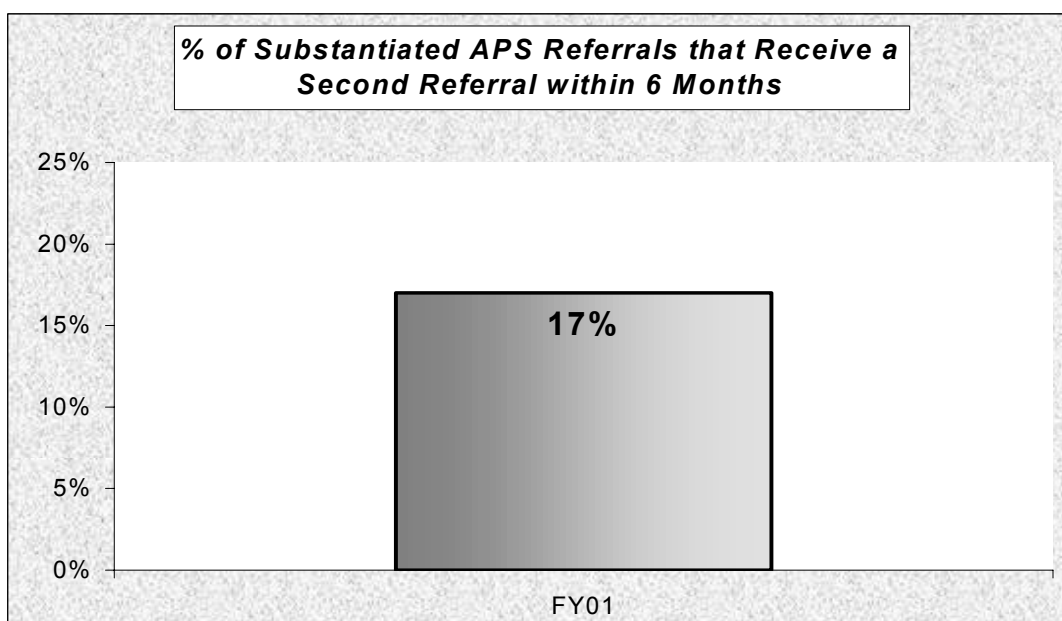
**Analysis:** This measure shows the Division's timeliness and effectiveness of moving children into permanency. Permanency is defined as children who exit the system through reunification, adoption, or guardianship to foster parents. Beginning in November 1999, the system no longer required opening a custody case when a child was returned home or was

released to a relative at the 72 hour shelter meeting. Prior to this date, these cases were included in the data. This change accounts for the decrease from 72% in FY99 to 68% in FY00 in the percent of children attaining permanency within 12 months of entering care. Of those children who attained permanency, over 90% were returned home or placed in a relative's house. These numbers have remained fairly constant over the past five years.

**Future Actions:** DCFS' goal is to ensure that children in custody attain permanency in a timely manner.

## SUBSTANTIATED ADULT PROTECTIVE SERVICES REFERRALS RECEIVING A SECOND REFERRAL

Source: Division of Aging and Adult Services



**Definition:** The number of substantiated Adult Protective Services (APS) referrals that receive a second referral within 6 months of the first referral. (This is a new measure)

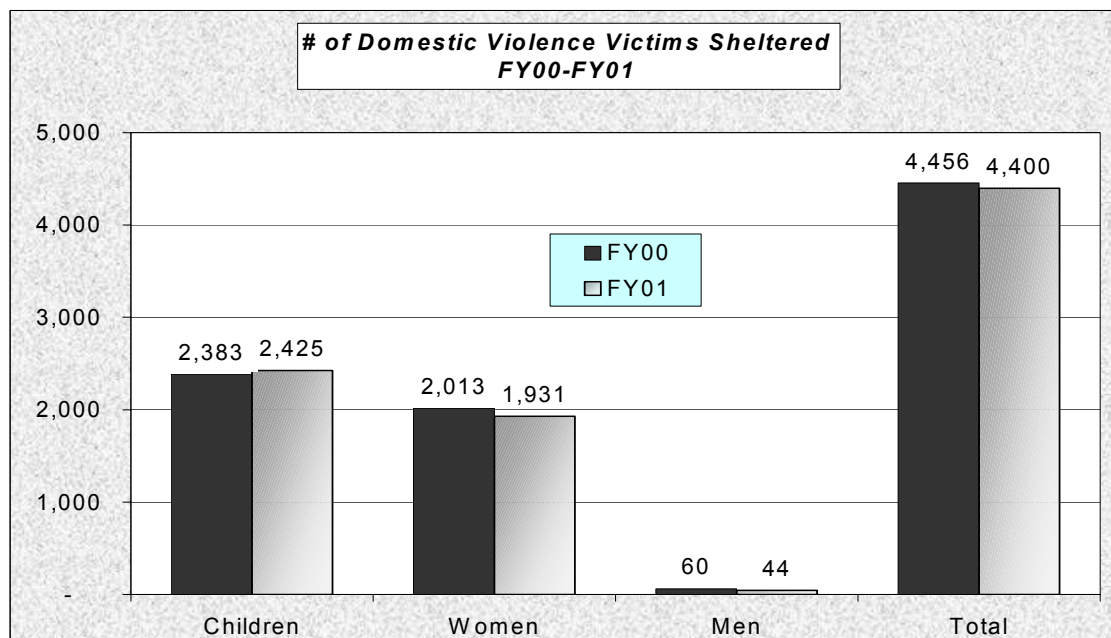
**Analysis:** Additional referrals on cases that have been investigated and closed may indicate that the protection plan developed in the initial investigation of abuse, neglect, or exploitation of a disabled or elderly adult did not result in long-term protection. A reduction in the percent of those with additional referrals may indicate a higher quality of protection planning with the victim.

In FY01, 17% of substantiated APS referrals received a second referral within 6 months. APS services are voluntary (except when court ordered) and plans to protect the victim must be approved by the victim. A victim can refuse or terminate services at any time.

**Future Actions:** Because this is a new measure, the Division does not have sufficient data to determine future actions. After next year, there will be sufficient data to determine a baseline and begin planning.

## DOMESTIC VIOLENCE VICTIMS SHELTERED

Source: Division of Child and Family Services



Data Source: Access Database, G1 Shelter Form.

**Definition:** Data comes from the G1 reporting forms, as reported by the 12 domestic violence shelters within the State of Utah.

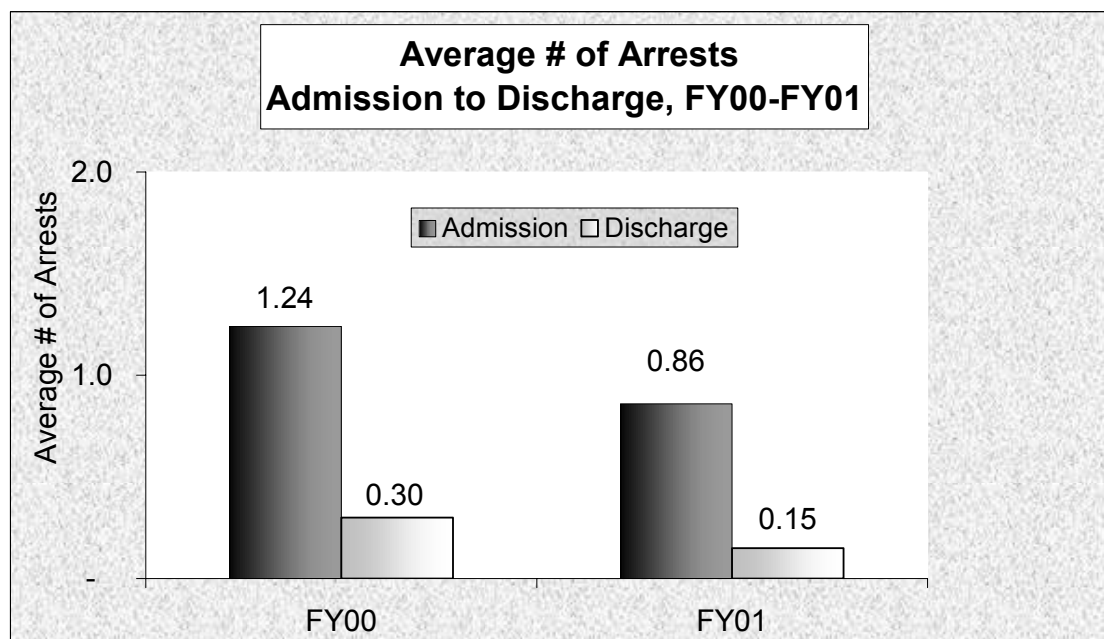
**Analysis:** Victims of domestic violence have access to safe shelters. Approximately 4,400 victims were sheltered during FY01. Although the number of victims sheltered was stable in FY01, the average number of days sheltered increased from 8.4 to 9.6 days.

**Future Actions:** In coordination with other community partners, DCFS will continue to expand the availability of safe environments for victims of domestic violence.

DCFS data collection is in the developmental stages for this population. The Division has met with domestic violence workers and developed alternative data collection strategies and integration of separate domestic violence systems. The specifications have been completed and provided to the programming staff for completion.

## AVERAGE NUMBER OF ARRESTS FROM ADMISSION TO DISCHARGE

Source: Division of Substance Abuse



**Definition:** Research initiated by the Utah Department of Corrections indicates that 80% of inmates, parolees, and probationers abuse drugs and/or alcohol. When offenders do not succeed in the community, statistics show substance abuse significantly contributed to their failure. For this reason, the Division of Substance Abuse closely monitors clients' involvement with the criminal justice system, including the number of times a client has been arrested in the six months prior to being admitted to treatment as well as the number of arrests that occurred between admission and discharge.

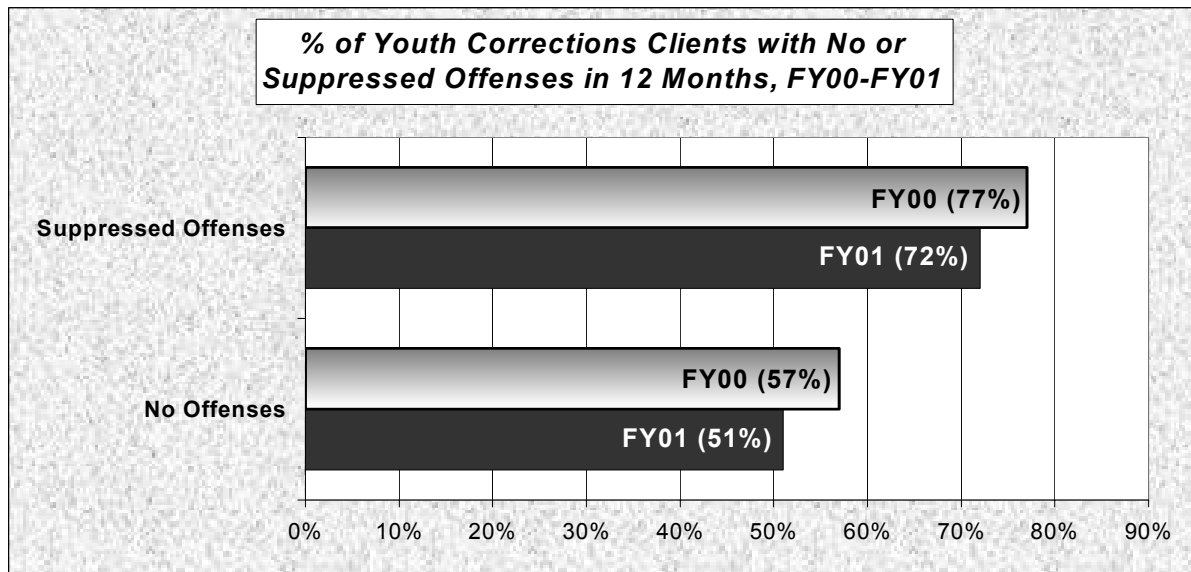
**Analysis:** Data collected by the Division indicates that the average number of times clients are arrested significantly decreases after they enter substance abuse treatment. During the six months prior to being admitted to treatment services, patients had on average been

arrested one time. Upon assessment at discharge, we found that very few patients had been arrested again after they entered treatment. In fact, in FY01, the average number of crimes committed by substance abuse clients decreased by 83% between admission to treatment and discharge. By reducing the number of times clients are arrested, not only is the Division reducing the financial costs that are associated with the arrest and possible incarceration, but it is also reducing the impact that crime has on Utah communities.

**Future Actions:** At the state and local levels, the Division of Substance Abuse and the Local Area Authorities continue to work with law enforcement to determine which offenders are in need of treatment services and to coordinate the provision of those services.

## YOUTH CLIENTS WITH REDUCED NUMBER OF OFFENSES WITHIN 12 MONTH PERIOD

Source: Division of Youth Corrections



**Definition:** 1) The percent of youth who were in the youth corrections system on September 1, 2000 who had no new charges in the next twelve months. 2) The percent of youth who were in the youth corrections system on September 1, 2000 who were charged with suppressed (reduced number of) offenses in the next twelve months. Youth in secure facilities are not included in these figures.

**Analysis:** Decreased criminal activity is an indicator of the Division's ability to provide interventions that are effective in helping youth make positive life style choices. Over half (51%) of the individuals in the Youth Corrections system had no additional charges within a year's time and nearly three-quarters

(72%) had fewer charges than they had had in the previous year. Although these percentages are down slightly from the previous year, the numbers show that the Division continues to have a positive impact on criminal activity among the youth it serves.

**Future Actions:** The Division of Youth Corrections and the Courts have begun a long-term project to better assess youth entering the youth corrections system and the progress they make while in it. By better identifying the ongoing needs of youth in the system and matching them with appropriate programs, suppression should increase and recidivism should decrease.

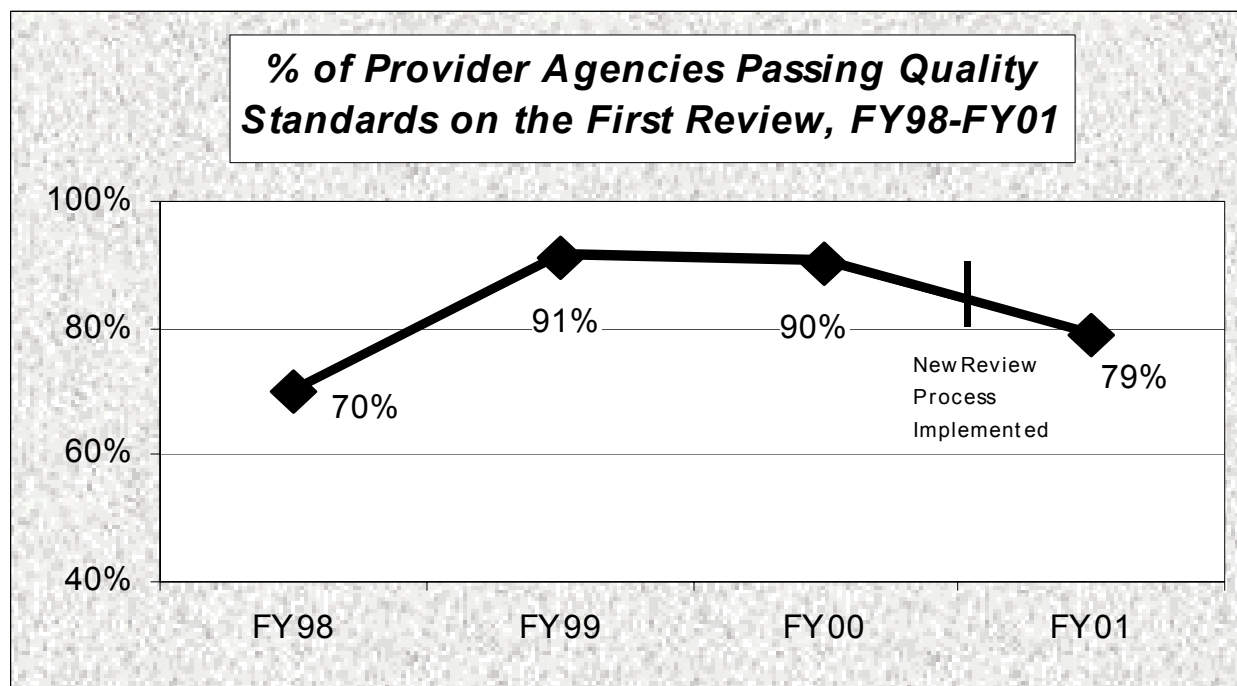


## ***Goal: Assuring Public Trust***

- Provider agencies meeting criteria for successful results on first review. (DSPD)
- Qualitative Case reviews passing the overall score for Client and Family Status. (OSR)
- Valid complaints to the Office of Child Protection Ombudsman. (OCPO)
- Clients satisfied with services. (DSPD, DMH, DSA)

## PROVIDER AGENCIES MEETING CRITERIA FOR SUCCESSFUL RESULTS ON FIRST REVIEW

Source: Division of Services for People with Disabilities



Data Source: Quality Enhancement Data Set.

**Definition:** The percentage of provider agencies that passed the quality standards set by the Division of Services for People with Disabilities on the first review for FY98 to FY01 is shown in the chart above. For a provider agency to pass the quality review, a trained reviewer must find an average of 13 out of 25 personal outcomes and 15 out of 25 supports present for each person in service and the agency must be free from corrective action. The percentage of providers passing the quality review is found by dividing the total number of agencies passing the first quality review by the number of agencies surveyed each year.

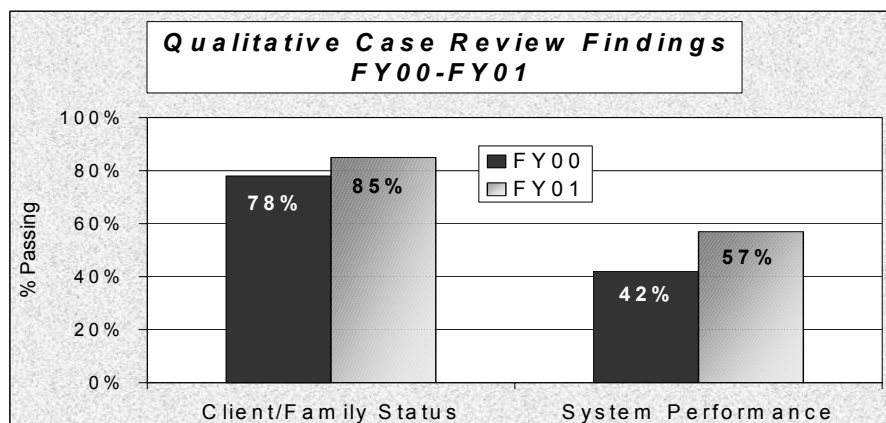
**Analysis:** The Division implemented a new review process in FY01. The new process, which was more comprehensive and focused on contractual agreements providers make with the

Division, resulted in fewer providers passing in their first review. The focus on provider quality and contract compliance shows the Division's devotion to continuous improvement activities, endeavors, and system redesign that make a difference in the lives of people with disabilities.

**Future Actions:** In FY01, the Division will continue the review process of in-home services through the nationally-run "core indicators" project.

## QUALITATIVE CASE REVIEWS PASSING THE OVERALL SCORE FOR CLIENT AND FAMILY STATUS

Source: Office of Services Review



**Definition:** The Qualitative Case Review process assesses the performance of the Division of Child and Family Services (DCFS) in achieving practice as outlined in the Division's Performance Milestone Plan.

The Child and Family Status review assesses the child's: safety, stability, appropriateness of placement, permanence, health/physical well-being, emotional/behavioral well-being, learning progress, caregiver functioning, family resourcefulness, and satisfaction. The overall score takes into consideration the importance (weight) of each item.

The System Performance review assesses: child/family participation, service team operation/coordination, functional assessment, long-term view, plan implementation, resource availability, successful transitions, effective results, and tracking adaptation.

**Analysis:** The case review results improved from FY00. As the chart indicates, children served by DCFS are doing quite well--85% of cases reviewed passed the overall score for Client and Family Status. Although not as positive, results of the System Performance

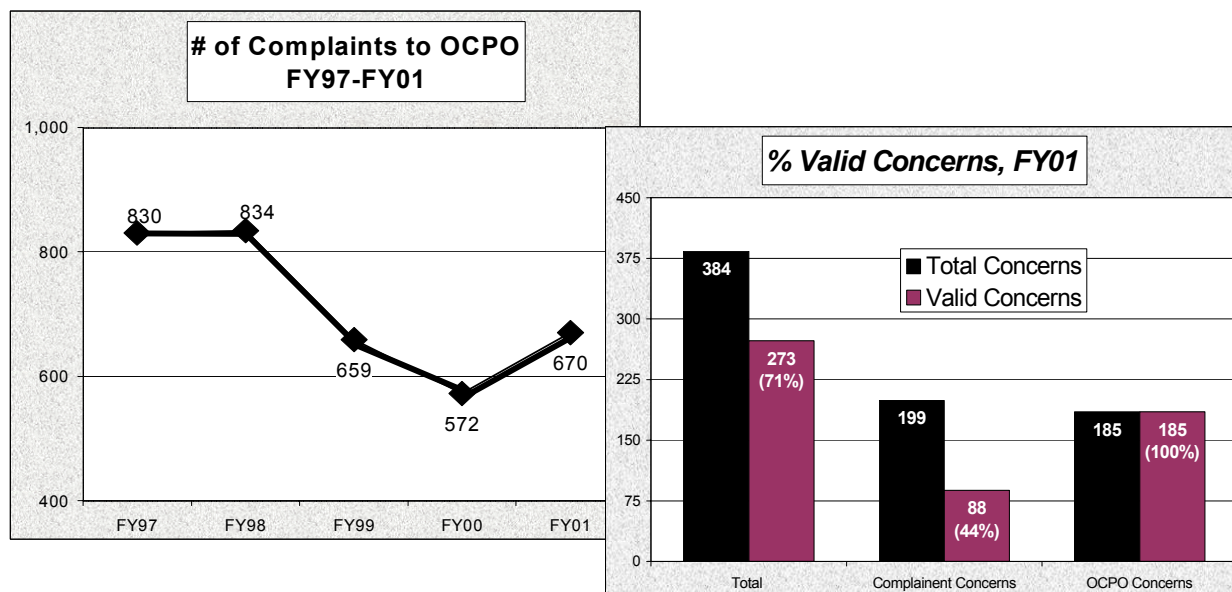
reviews have also improved significantly over the past year.

**Future Actions:** The Qualitative Case Review reports for each region identify practice development opportunities and recommendations. The Office of Services Review (OSR) conducted 40 regional training sessions in the past year and developed on-going assistance such as: a pocket handbook reference guide, a website with OSR protocols and scoring, and the ability for regional supervisors to review, score, and submit cases. OSR returns a trend analysis by team, worker, and question so each region can analyze its own performance. Each region will continue to work over the next year to address identified areas of weakness. The Qualitative Case Review will occur each year to determine progress. To demonstrate performance sufficient to exit from the Performance Milestone Plan, each region must reach the following goals in two consecutive reviews:

- 85% of cases attain a passing score on the Child and Family Status scale.
- 85% of cases attain a passing score on the System Performance scale, with core domains attaining at least a 70% rating.

## VALID COMPLAINTS TO OFFICE OF CHILD PROTECTION OMBUDSMAN

Source: Office of Child Protection Ombudsman



**Definition:** The charts above show 1) the number of complaints that OCPO received in the past year, and 2) the number of concerns they investigated related to the complaints and the number of those concerns they found valid.

**Analysis:** The Office of Child Protection Ombudsman (OCPO) acts as an independent advocate for children and families served by Utah's Division of Child and Family Services (DCFS). OCPO investigates complaints regarding DCFS, and when necessary, refers people to appropriate agencies, recommends changes in policy, and identifies ways to improve services provided by DCFS.

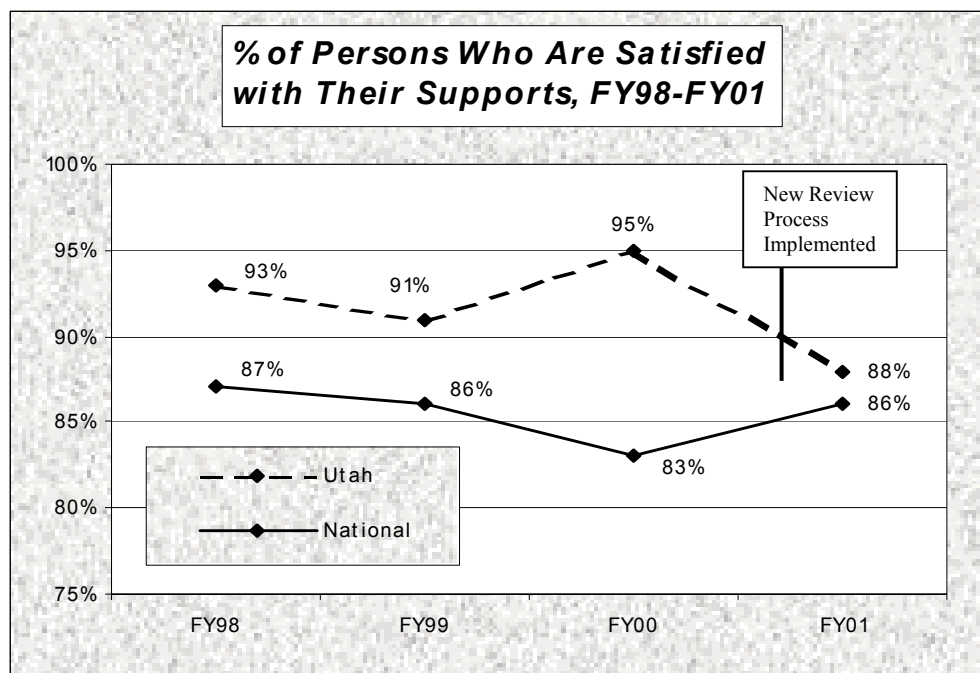
Overall, OCPO received 670 complaints regarding DCFS services, of which 186 (28%) were provided with the needed information, 336

(50%) were referred to DCFS, and 148 (22%) were investigated. The 148 investigated complaints contained 384 individual concerns-- 71% of these were found to be valid. Most complaints focused on inadequate CPS investigations, inadequate services provided by DCFS, foster children not being returned home, and mistreatment of children.

**Future Actions:** As part of OCPO's efforts to improve and enhance the services provided to their customers, OCPO developed a customer satisfaction survey. The survey objective is to determine the degree of satisfaction with the service, information, and assistance provided to customers. The feedback from this survey will help determine the future direction of OCPO in an attempt to better serve its customers.

## CLIENTS SATISFIED WITH SERVICES

Source: Division of Services for People with Disabilities



Data Source: Quality Enhancement Database and The Council's National Outcomes Database.

**Definition:** The percentage of persons who report they are satisfied with supports in Utah and the nation from FY98 to FY01 are shown in the chart above. A question about “satisfaction” is part of the outcome measurement tool used by the Division of Services for People with Disabilities to review quality. Satisfaction information is gathered by a trained reviewer through interviews with the person and other people who “know the person best.”

**Analysis:** Persons in service have a high level of satisfaction with the services they receive. In FY01, 88% reported being satisfied with the supports they received. This is down somewhat from previous years. This reported drop in satisfaction may be an artifact, in part, of

changes made to the review process in FY01. Over the past four years, the Division has placed an emphasis on giving people with disabilities the skills and abilities to determine the design and delivery of services based on their personal preferences. Providers and state staff have redefined their roles--to mentor, coach, encourage, and respect the personal preferences and decision-making authority of persons receiving services.

**Future Actions:** The Division will continue to measure satisfaction with services and provider agency compliance with contract requirements.

## CLIENTS SATISFIED WITH SERVICES

Source: Represented Divisions

Division	Question (FY01)	Population	Rating
Mental Health	I would recommend this center to a friend or family member.	1,750 clients of Community Mental Health Centers.	79% Agree
Substance Abuse	I liked the services that I received here.	365 clients participating in an outcomes study.	95% Agree
	I would recommend this agency to others		94% Agree

**Definition:** A number of divisions within the Department of Human Services conduct consumer satisfaction surveys. Each division asked questions differently, of very different populations and population sizes, and on different schedules, therefore comparing results across divisions is not recommended. During FY01, the Divisions of Mental Health and Substance Abuse conducted consumer satisfaction surveys. The results are presented above.

**Analysis:** In general, the survey results are not representative of the total population served by each division. However, the results provide useful information regarding division

performance. Overall, clients who responded to the surveys were satisfied with the services they received from their respective divisions.

**Future Actions:** Each division's survey identified areas where the division could improve in its services. The divisions will work with their staff and providers to improve services to clients. The Divisions of Child and Family Services, Youth Corrections, and Aging and Adult Services are planning surveys for next year.

# **PERFORMANCE MEASURES**

*(Critical indicators of how well the Department is performing)*



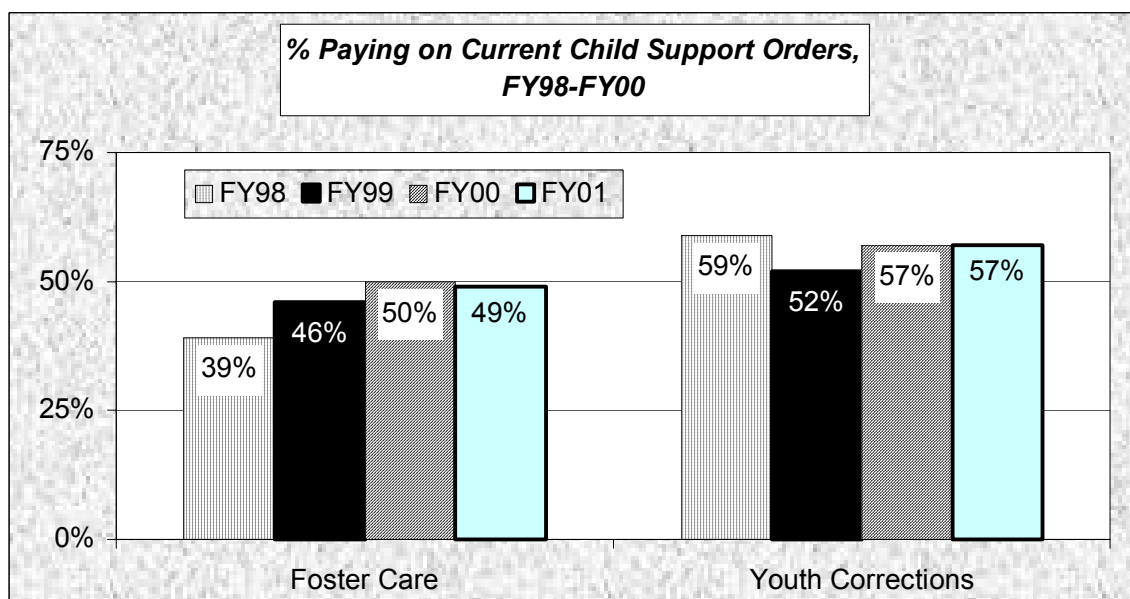


## **Consumer Involvement**

- Families with children receiving services from DHS who are required to pay support paying on current orders. (ORS)
- Clients feeling they were included in decisions about services. (DMH)
- Clients included in person centered planning. (DSPD)
- Victim restitution paid and community service hours completed. (DYC)

## FAMILIES WITH CHILDREN RECEIVING SERVICES FROM DHS PAYING ON CURRENT ORDERS (WHERE ORDER IS ESTABLISHED)

Source: Office of Recovery Services



**Definition:** The number of families whose children are in the care/custody of the state from whom at least one payment was received within the most recent three months divided by the total number of families with children in the care/custody of the state.

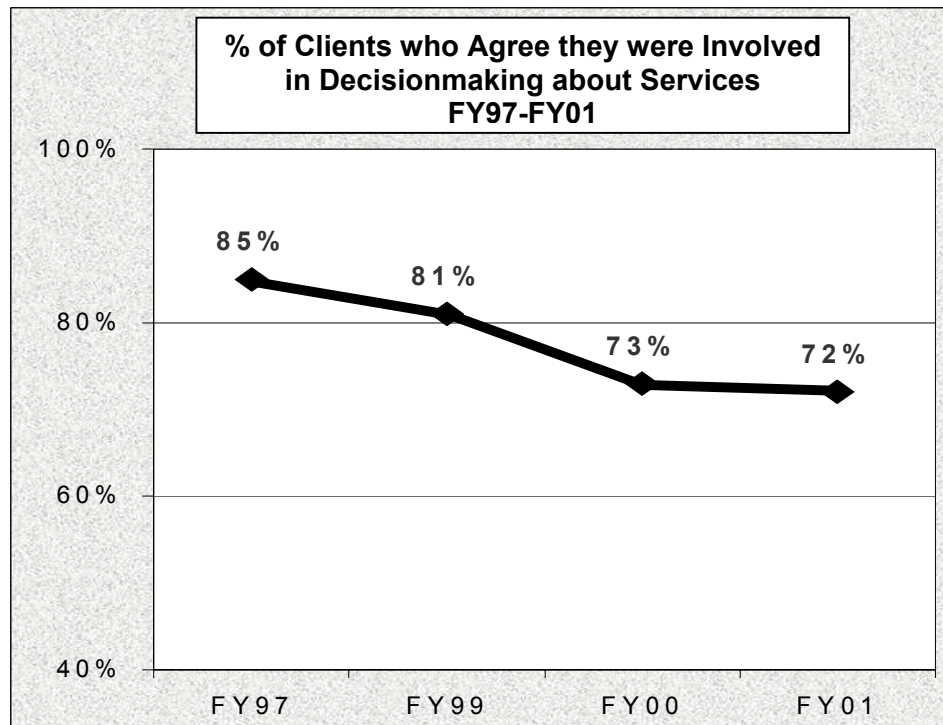
**Analysis:** This measure indicates how well the Office of Recovery Services (ORS) is able to collect past and current child support for children receiving services through the Department. These collections offset costs associated with providing services, thus helping to ensure appropriate use of funds as well as future availability of services.

The percent of payments on current orders for children in foster care and youth corrections was stable in the past fiscal year.

**Future Actions:** ORS will continue in-depth, ongoing training for staff, as well as ensure that program policy is current and available to staff to support their case management activities. Case management process improvement is ongoing. ORS also plans to continue ongoing enhancements of its computer system. This will allow for increased efficiency in conducting case management and accounting activities. In addition, recent improvement in the process of receiving custody orders from the Juvenile Court is anticipated to contribute to the efficiency of establishing child support orders. This will allow collection to begin more quickly.

## CLIENTS FEELING THEY WERE INCLUDED IN DECISIONS ABOUT SERVICES

Source: Division of Mental Health



**Definition:** The Division of Mental Health (DMH) administers a client satisfaction survey to its clients throughout the year. The survey gathers opinions from clients on 28 items. The graph above shows the response to: “I have been included in the decisionmaking about my services.”

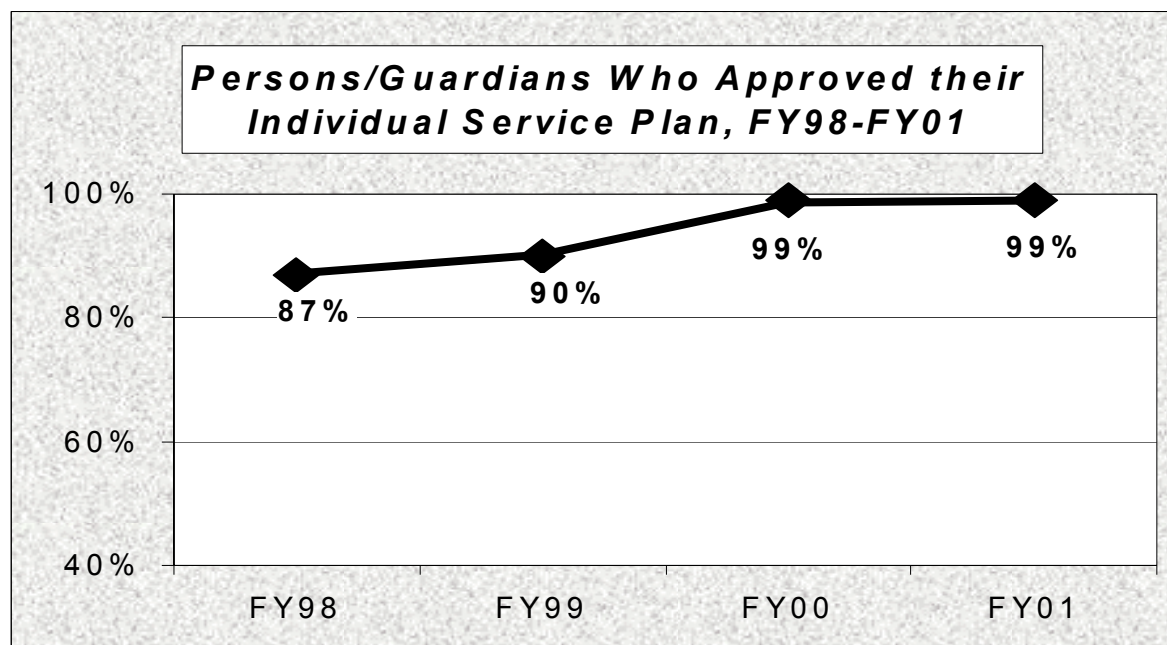
**Analysis:** The graph above indicates that nearly three-quarters (72%) of clients felt they were involved in making decisions

regarding their services. This represents a decline since FY97 in those who say they are involved.

**Future Actions:** Community mental health centers will examine the data and determine if staff attitudes have changed in the negative direction. If so, centers will be encouraged to provide inservice training to correct the problem.

## CLIENTS INCLUDED IN PERSON CENTERED PLANNING

Source: Division of Services for People with Disabilities



*Data Source: Individual Service Plan Signature Sheets.*

**Definition:** The percentage of persons and guardians who were involved in developing their individual service plan from FY98 through FY01 is shown in the chart above. The percent is an estimate based on reviewing the planning signature sheets. The individual plan is a record of the decisions made by state staff and eligible persons about the type, intensity, frequency, and duration of supports that are to be provided and the agency or individual who will provide the supports outlined in the plan.

**Analysis:** The Division has increased the involvement of persons receiving services in their planning process by implementing policy and procedural changes that require the person's involvement in all planning activities. Both the person and the person's guardian now participate in decisions that affect the scope and the structure of support services. The planning process also requires the state staff to explain rights and provide informed choices to the person and the person's guardian before they

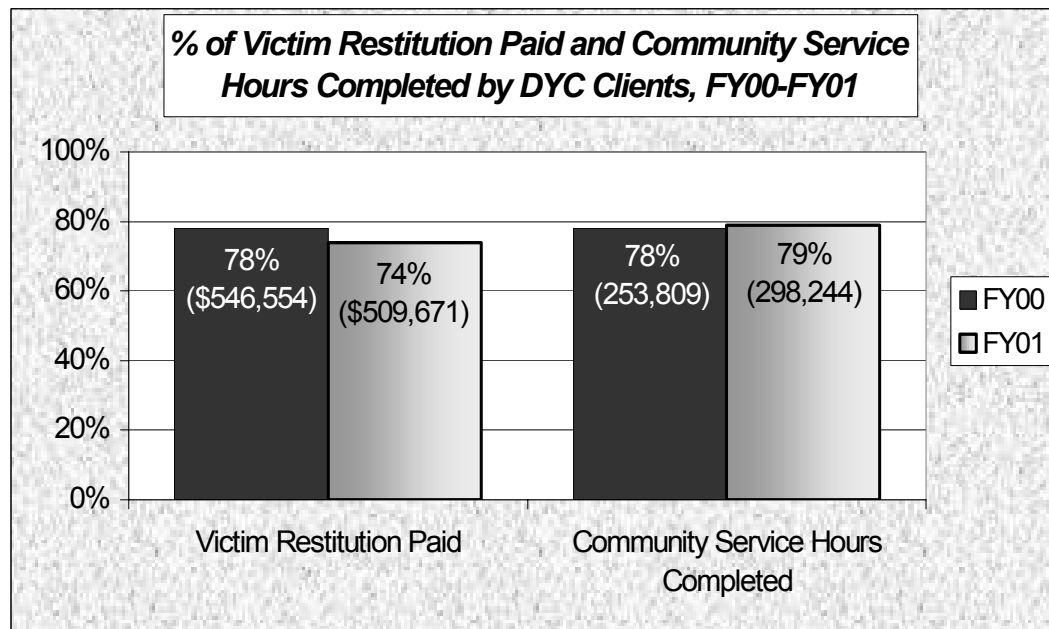
sign the form. These improvements reflect the Division's focus on person-centered planning.

**Future Actions:** The Division will continue to redesign systems, policies, procedures, and forms to improve the decision-making authority and decision-making role of persons and guardians. The role of Division employees will continue to shift from "managers" to "partners, mentors, and advocates" who coordinate and monitor services so that service quality, responsiveness, and personal preferences of persons receiving services are ensured and maintained.

Because involving people with disabilities in their planning is required and over 99% of consumers have participated in their planning in the past two years, the Division has decided to no longer report on this measure. FY01 will be the last year this measure is reported.

## VICTIM RESTITUTION PAID AND COMMUNITY SERVICE HOURS COMPLETED

Source: Division of Youth Corrections (DYC)



**Definition:** The figures in the chart above indicate the percentage of total community service hours completed and victim restitution paid prior to custody termination. The chart also includes the total number of community service hours completed and the total amount of restitution that was paid for FY00 and FY01.

**Analysis:** An important objective of the Division of Youth Corrections (DYC) is to help youths make amends for their delinquent behavior. To do this, youths receive court orders to do community service hours and/or pay

restitution to their victims prior to custody termination. By the time they were terminated from DYC custody, clients completed 298,244 community service hours (79%) and paid \$509,671 in victim restitution, which is 74% of the total amount ordered.

**Future Actions:** DYC and the courts are joining their efforts to expand the number of community service opportunities available to youth. This, in turn, will increase the paid restitution and community service hours worked.

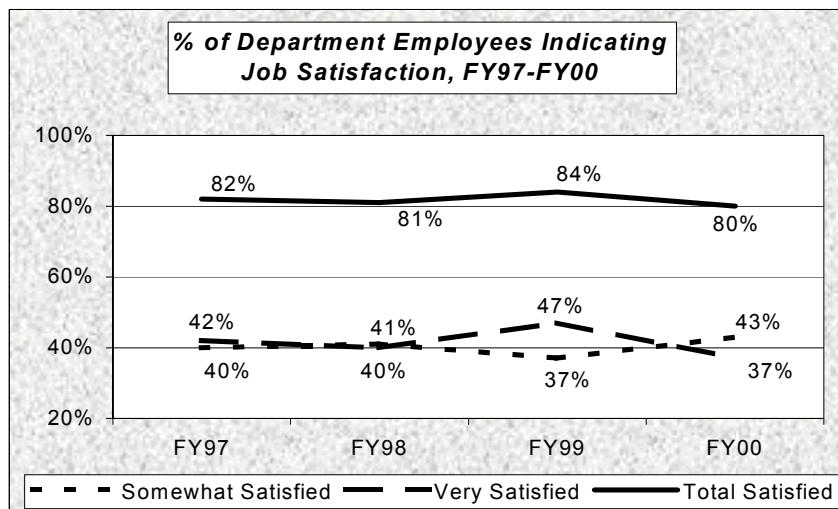


## **Staff Management**

- Employees satisfied with their employment. (DHS)
- Employees leaving their position at the State. (OHR)

## EMPLOYEES SATISFIED WITH THEIR EMPLOYMENT

Source: Office of the Executive Director



Data Source: Utah Department of Human Services Employee Opinion Survey Results.

**Definition:** The Executive Director's Office conducts an Employee Opinion Survey every February/March. Employees are asked a number of questions relating to their satisfaction with the Department. In FY00, 2,194 employees responded for a 50% response rate. No survey was conducted in FY01.

**Analysis:** Overall, employee satisfaction has been fairly consistent over the past four years, with approximately 80% of employees saying they are satisfied with their jobs. However, the level of satisfaction is decreasing—the percentage of employees who are very satisfied with their employment dropped by 10 points since last year. In addition, fewer employees indicated that they were at least as satisfied with their jobs this year as they were one year ago (65% in FY00 v. 71% in FY99). Areas where staff indicated most dissatisfaction included:

- Receiving praise or recognition for good work.
- Ideas are listened to and considered for implementation.
- Training.
- Communication regarding agency and Department happenings.
- Supplies and resources.

However, the staff were very positive about other aspects of their employment. Items where staff were most positive included:

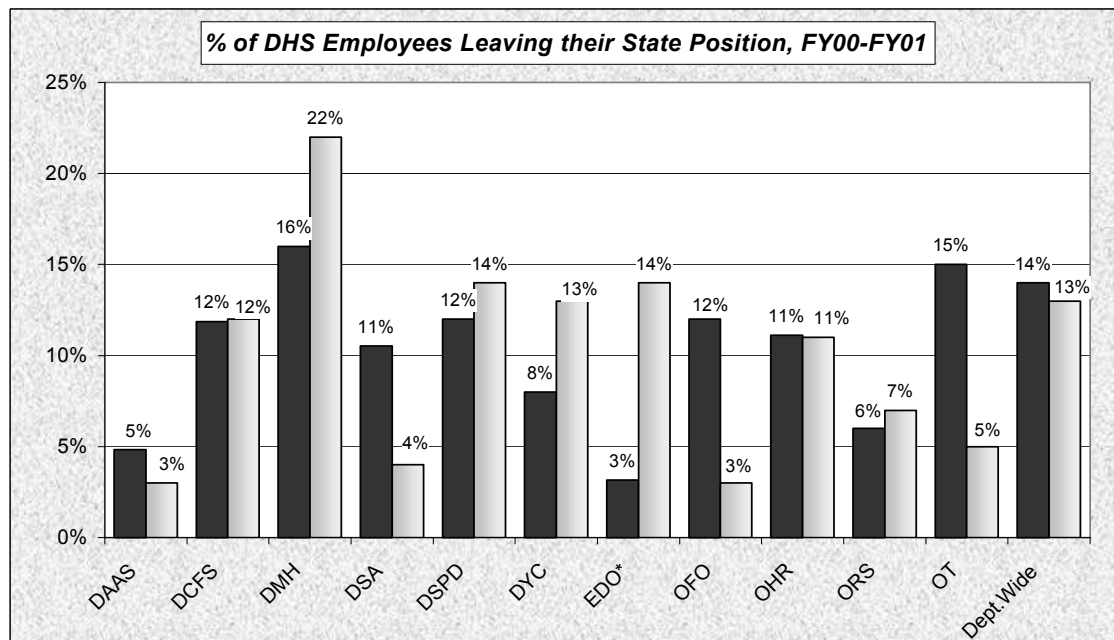
- Coworkers are committed to doing quality work.
- Coworkers cooperated to get the job done.
- Knowledge of where to get answers to questions, problems, or concerns.
- Work is a good match for skills and interests.
- Supervisor makes known his/her expectations.

**Future Actions:** Each agency is working to develop strategies and activities to address the survey areas where their employees were least satisfied, including communication, employee recognition, training, and the availability of necessary resources. The Department's Executive Director held employee meetings within each region to discuss issues and answer questions and concerns. The Department will conduct a new survey in FY02.



## EMPLOYEES LEAVING THEIR POSITION AT THE STATE

Source: Office of Human Resources



\* Includes the offices of Administrative Hearings, Administrative Support, and Licensing

**Definition:** The number of Department employees leaving State employment divided by the total number of Department employees as of July 06, 2001. Calculations include only those DHS employees that voluntarily left state employment. The count does not include temporary employees.

**Analysis:** The overall turnover rate for the Department is 13%. The turnover rate ranges from 3% in the Division of Aging and Adult Services and the Office of Fiscal Operations to 22% in the Division of Mental Health.

**Future Actions:** The Department will continue its efforts to improve employee satisfaction so employees are more likely to continue their work for the Department. The Department has utilized discretionary funds authorized by the legislature to address employee compensation issues to reduce turnover, and improve salary market competitiveness.

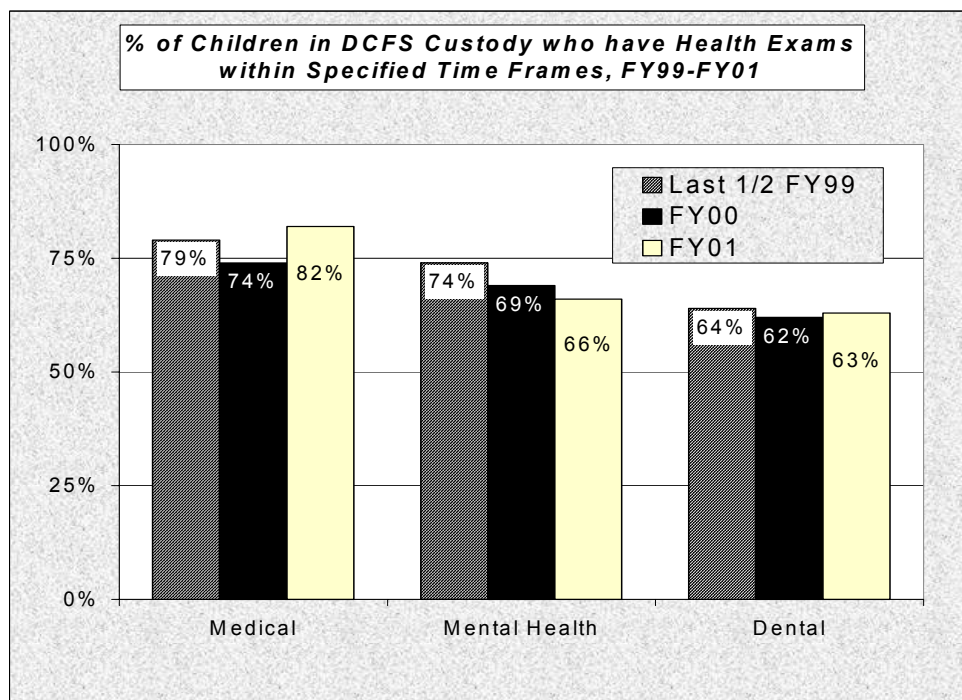


## **Timeliness**

- Children in DCFS custody who have initial physical health and dental exams within specified time frames. (DCFS)
  
- Time from termination of parental rights to finalization of adoption. (DCFS)

## CHILDREN IN DCFS CUSTODY WHO HAVE INITIAL HEALTH AND DENTAL EXAMS WITHIN SPECIFIED TIME FRAMES

Source: Division of Child and Family Services



**Definition:** Data were obtained by looking at all children entering care who were in custody at least 30 days. Medical and mental health assessments are due within 30 days of the child coming into DCFS custody. Children over age three receive a dental examination within 30 days of removal from their home. Thereafter, these exams are due annually. The percentage of children receiving medical and mental health screenings and dental health examinations within 40 days of entering custody was determined. Forty days was used to give workers a ten-day grace period to complete health exams.

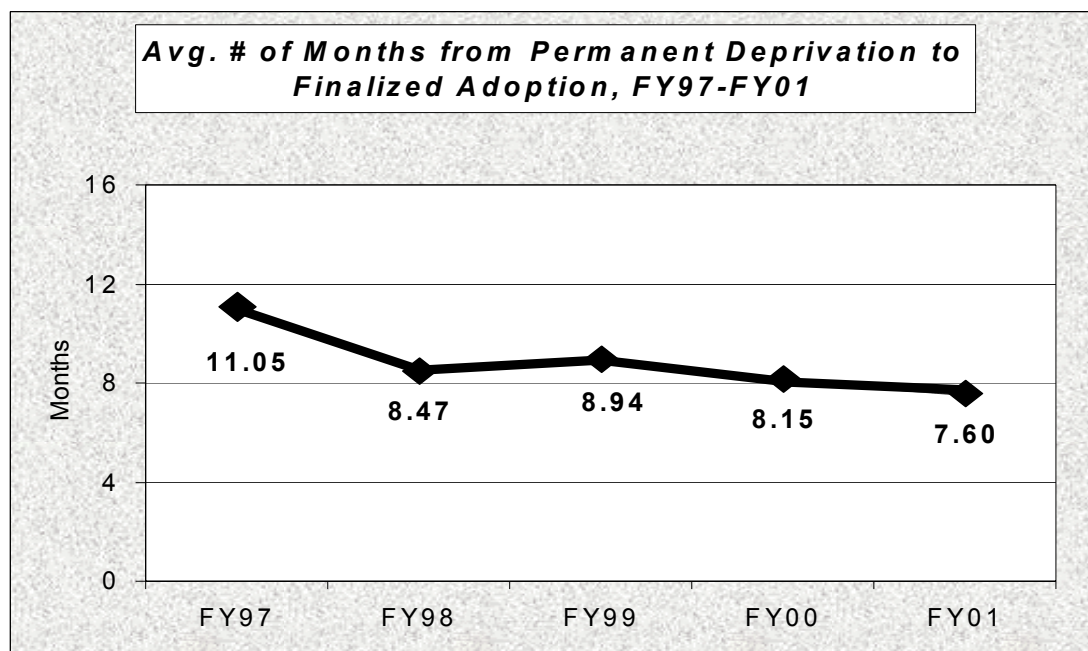
**Analysis:** These data show that the majority of children's medical needs are reviewed when children first come into DCFS custody.

However, significant progress needs to be made to ensure all children entering care receive the necessary health assessments and care.

**Future Actions:** DCFS' goal is to ensure that all children in DCFS custody receive necessary medical, dental, and mental health care within the prescribed time frame. The Fostering Health Children program has sent out a survey to foster parents to obtain information on barriers to completing health care exams in a timely manner. The results of this information will be used to develop strategies for improving completing of physical, mental, and dental exams within the specified time frames.

## TIME FROM TERMINATION OF PARENTAL RIGHTS TO FINALIZATION OF ADOPTION

Source: Division of Child and Family Services



Data Source: SAFE database.

**Definition:** Data examined from the SAFE database show the average number of months it takes to finalize an adoption after terminating the parental rights of both parents. If the father's and mother's rights were terminated on different days, the last date was used to calculate the average months.

**Analysis:** The number of cases closed with an adoption termination reason increased from 283 in FY97 to a high of 383 in FY99 then fell again to 338 in FY01. During this time, the

average number of months from permanent deprivation of parental rights to case closure has decreased from 11.05 in FY97 to 7.6 in FY01. This indicates that DCFS is improving its abilities to find adoptive homes for children in its care and place children in those homes more quickly.

**Future Actions:** DCFS' goal is to reduce the time span for all children to attain permanency.

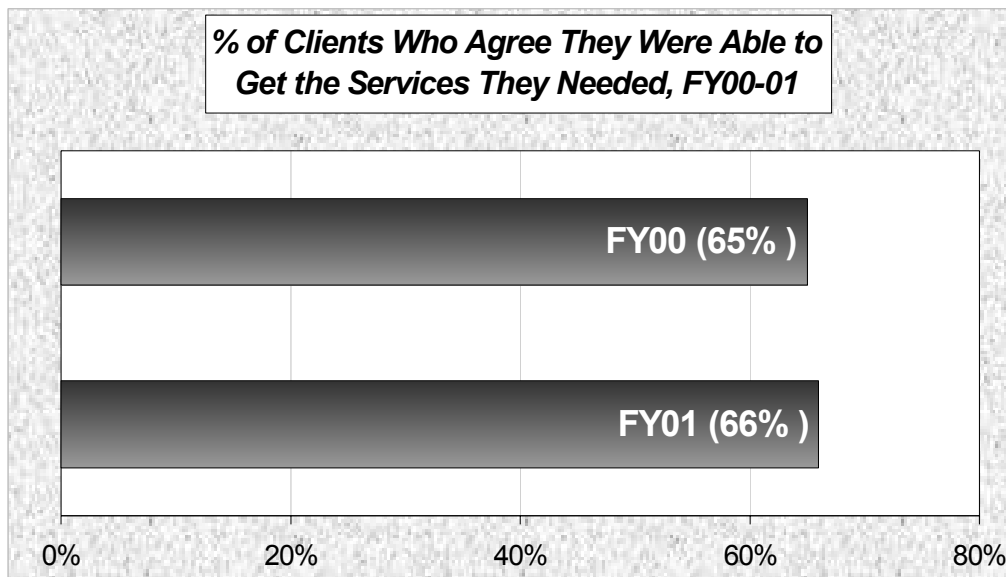


## **Service Access**

- Adult clients saying they were able to get services they needed. (DMH)
- Utah population needing services served by the Mental Health and Substance Abuse systems. (DMH, DSA)
- Eligible adults receiving services from the Division of Aging and Adult Services Alternatives, Waiver, and Respite programs. (DAAS)
- Paternity establishment. (ORS)
- Placement changes per service episode for youth in Foster Care. (DCFS)
- Placement changes per youth in Youth Corrections. (DYC)

## ADULT CLIENTS SAYING THEY WERE ABLE TO GET SERVICES THEY NEEDED

Source: Division of Mental Health



**Definition:** The Division of Mental Health (DMH) administers a client satisfaction survey to its clients throughout the year. The survey gathers opinions from clients on 28 items. The graph above shows the response to: “I was able to get the services I thought I needed.”

**Analysis:** The graph above indicates that nearly two-thirds (66%) of clients felt they were able to get the services they needed from

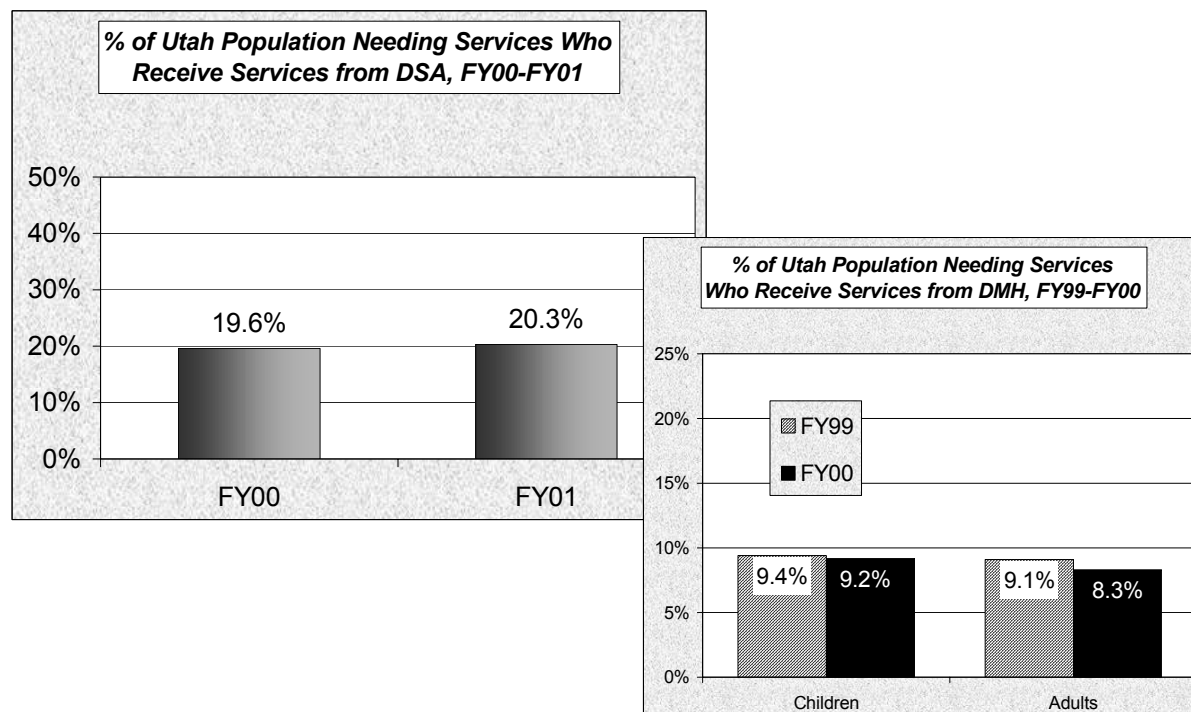
Community Mental Health Centers. This result is similar to last year’s on this question.

**Future Actions:** The observed results are similar to other states on this question. Individual centers that fall significantly below 66% will be encouraged to track services carefully and make service improvements.



# UTAH POPULATION NEEDING SERVICES SERVED BY MENTAL HEALTH AND SUBSTANCE ABUSE SYSTEMS

Source: Division of Mental Health and Division of Substance Abuse



**Definition:** The percent of those needing treatment in the State was determined from recent prevalence estimates and needs assessment surveys. These percentages were applied to state population estimates.

**Analysis:** Using estimates from national studies, about one in five children and adults in the community have diagnosable mental disorders during a given year. Only about one-tenth (9.2, 8.3%) of these populations received public mental health services in Utah in FY00. The mental health system primarily focuses on a subset of this population defined as mentally ill.

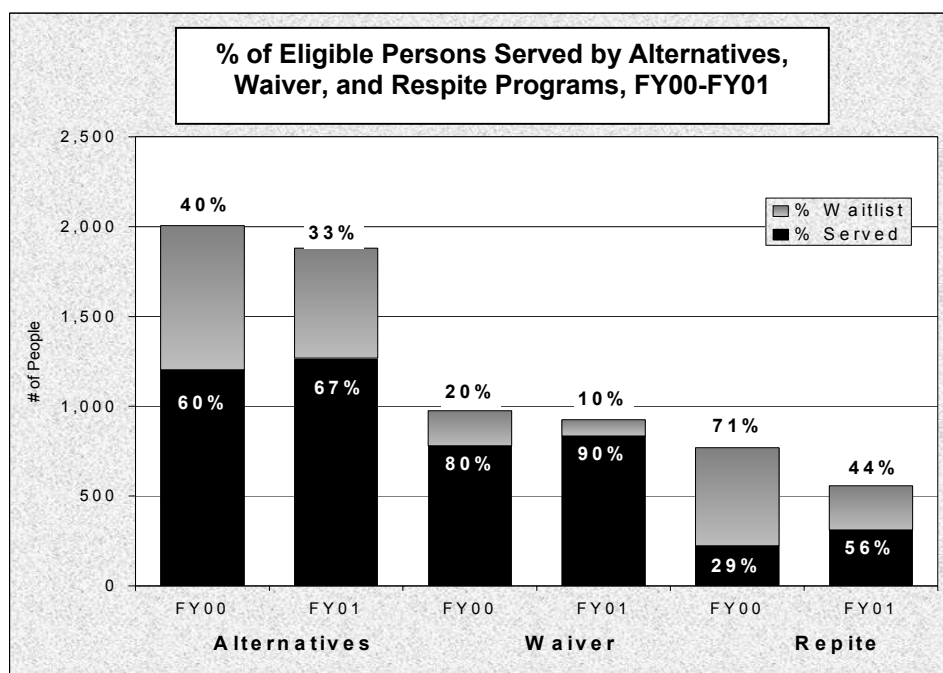
Approximately 97,000 adults in Utah are either dependent on or abusing drugs and/or alcohol and are in need of the help that our local services

provide (Figure based on data from the 1998 Needs Assessment Survey). Of those, the treatment provider network in Utah was able to serve nearly 20,000 (20.3%) in FY01 due to limited resources.

**Future Actions:** The divisions will work with the Local Authorities and Community Mental Health Centers to determine ways to expand the resources available for treatment services and to take advantage of new innovations/techniques that allow for a more efficient use of current resources.

## ELIGIBLE ADULTS RECEIVING SERVICES FROM THE ALTERNATIVES, WAIVER, AND RESPITE PROGRAMS

Source: Division of Aging and Adult Services



**Definition:** The chart above demonstrates the percentage of eligible clients receiving services in three programs:

- 1) the state-funded Alternatives Program provides personal care, home health aide, skilled nursing, or other services necessary for an individual to remain home.
- 2) the Waiver Program provides home health aides, adult day care, homemakers, home-delivered meals, and other services to those who meet nursing home admission criteria and Medicaid financial eligibility criteria. This program allows an individual to remain home.
- 3) the Respite Care Program gives the primary caregiver some rest or relief from care-giving responsibilities which enables the caregiver to continue as the primary person performing care-giving activities.

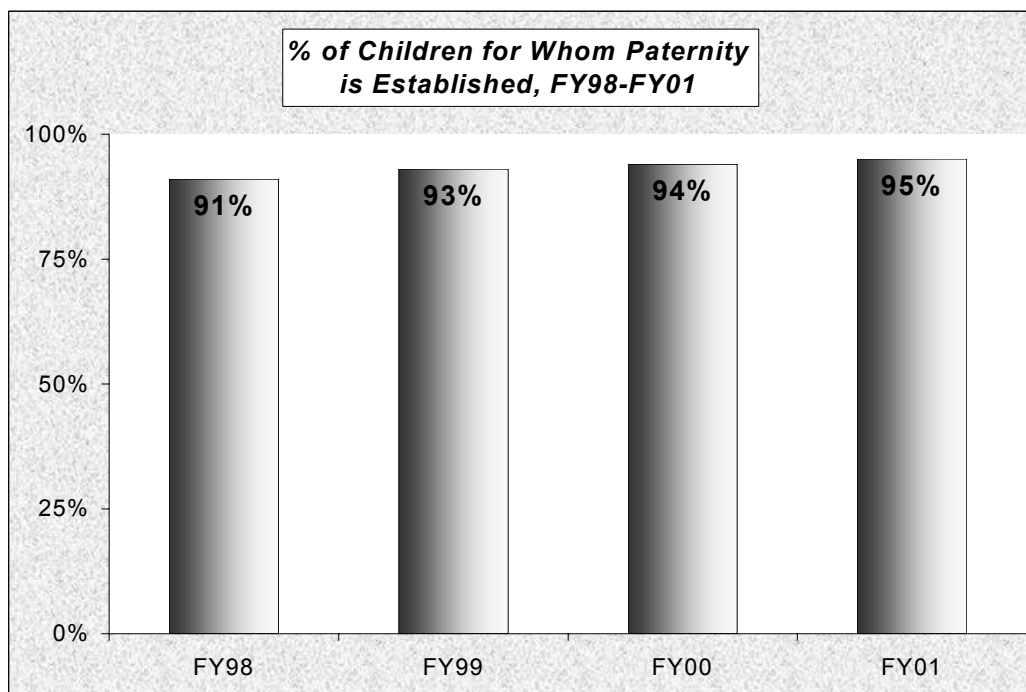
This percentage is a point-in-time figure, collected for June 30, 2001.

**Analysis:** Approximately 90% of those eligible for the Waiver program and 67% of those eligible for the Alternatives program were served during FY01. Although only 56% of those seeking respite care were served due to insufficient program funds, this is almost twice the percentage served in FY00.

**Future Actions:** The Division of Aging and Adult Services will continue efforts to provide in-home services to additional eligible clients and seek additional Respite program funds to provide rest and relief to eligible caregivers.

## PATERNITY ESTABLISHMENT

Source: Office of Recovery Services



**Definition:** The number of children who were either born in a marriage or for whom paternity has been acknowledged or established divided by all child support cases in a given month.

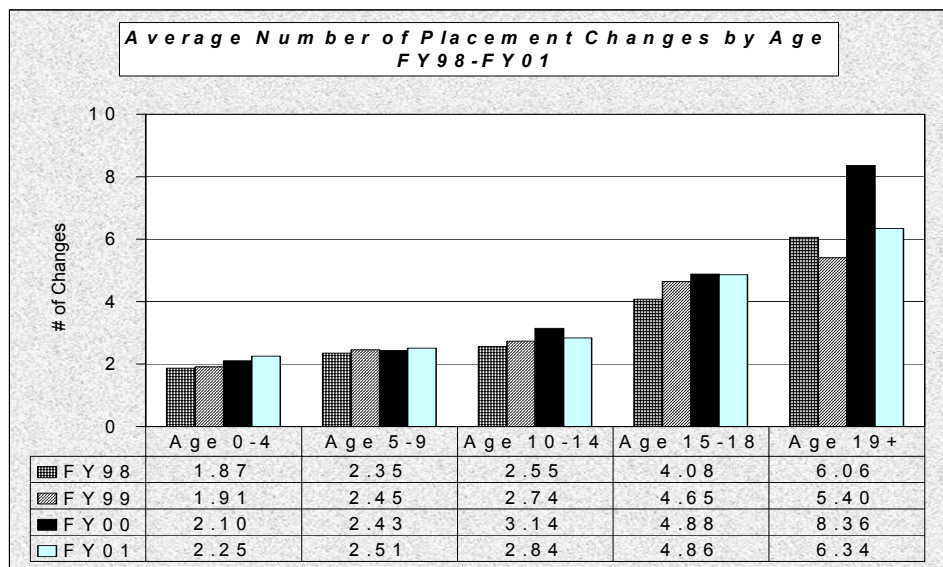
**Analysis:** The establishment of paternity is a critical step in the establishment and enforcement of child and medical support. This measure indicates how well the Office of Recovery Services (ORS) is able to locate alleged fathers, conduct genetic testing, and proceed with administrative or judicial establishment of paternity. It also demonstrates success in the larger social goals that: (1) as many children as possible should be born within marriage; but, (2) if children are born outside of marriage, their parents acknowledge them and

accept responsibility legally in public records. The percent of cases where paternity has been resolved continues to increase, reaching 95% in FY01. Success is due to a number of factors, including more and improved location resources, the availability of voluntary declarations of paternity, and the efficient use of the administrative process to establish paternity.

**Future Actions:** ORS plans, in cooperation with the Department of Health, to continue dissemination of voluntary declaration of paternity information to hospitals and clinics through the state. Development of new resources and tools for staff is ongoing.

## PLACEMENT CHANGES PER SERVICE EPISODE FOR YOUTH IN FOSTER CARE

Source: Division of Child and Family Services



Data Source: SAFE database.

**Definition:** A placement is defined as the physical location of a child. The average number of placements is determined by adding the total number of placements for all children in the specific age group and dividing it by the total number of children in the age group in out-of-home care.

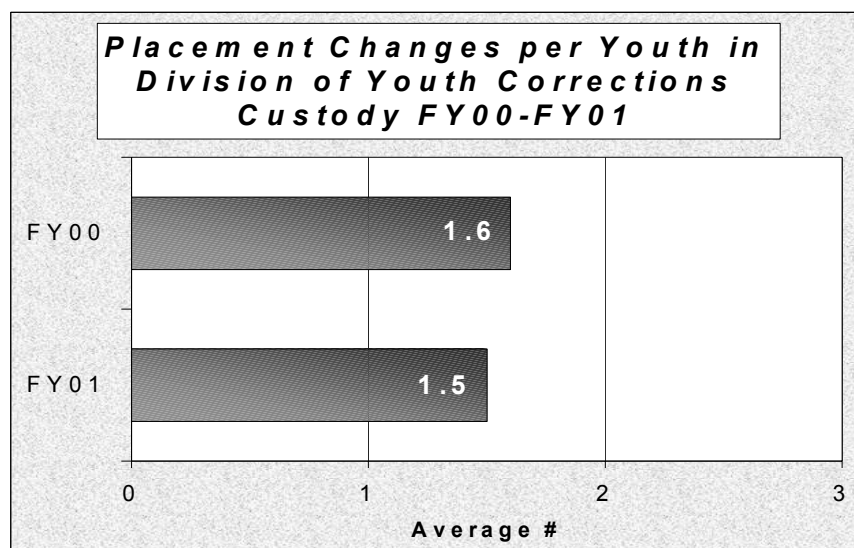
**Analysis:** This measure provides information about the success workers have in matching children's needs with placements, as well as whether there is an adequate inventory of neighborhood foster homes in which to place foster children. It should be kept in mind that a placement change is not always negative for a child because they may be moving to a more appropriate placement. The data indicate that the average number of placement changes increases with the age of the child and average months in care. The average number of placement changes has remained fairly consistent over the past three years.

Prior to FY01, DCFS defined a placement change as a change in placement code which could either mean a child changed providers or just supervision level with the same provider. This definition overstated the number of placement changes. Beginning in FY01, with a change in computer programming, DCFS has been able to determine whether a child actually changed providers. The Division applied the new programming to previous years to allow for accurate comparisons across years. However, these data will not match data provided in previous year's reports.

**Future Actions:** DCFS' goal is to reduce the average number of out-of-home care placement changes. DCFS is attempting to identify appropriate numbers of placement changes for children in custody taking into consideration the age of the child and length of time in care. DCFS will research information on this topic, including national and other state statistics on placement changes. At that time, DCFS can evaluate performance and identify more specific goals in this area.

## PLACEMENT CHANGES PER YOUTH IN YOUTH CORRECTIONS

Source: Division of Youth Corrections



**Definition:** The average number of placement changes per youth in Division of Youth Corrections custody. The number does not include the current placement, and includes those youth who enter detention or diversion programs who are generally in the system one time in a fiscal year.

**Analysis:** The Division moves youths to different placements in the system to ensure they are in the most appropriate setting for their needs. Youths often enter detention and then are sent home because their issues were addressed. Other youths may be moved through the system, either to more secure facilities because they are not responding well to less secure programs, or stepping down from the more to less secure

facilities as the client is ready. Overall, the average number of changes across the DYC client population is 1.5. Youth who participate only in detention are included in this average. If these youth are removed from the average, the average number of placement changes increases to 2.2.

**Future Actions:** For youth in detention or detention alternatives, the present system of following court orders will continue. For youth in custody, case management supervisors will further refine their system of utilization review with the goal of making the best placement for each youth.

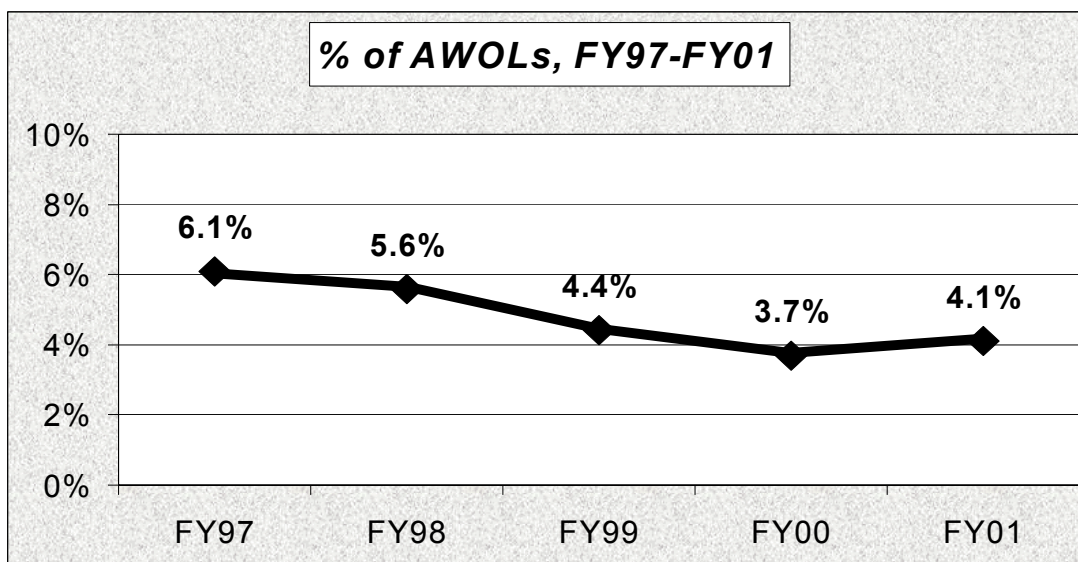


## **Public Trust**

- AWOLs from the Youth Corrections System. (DYC)
- AWOLs from the Utah State Hospital. (DMH)
- Overpayments determined. (ORS)
- Total public assistance investigations completed. (ORS)
- Total Medicaid Collections. (ORS)
- Total Medicaid cost avoidance. (ORS)
- Public assistance child support cases who are paying on current orders (where order established). (ORS)

## AWOLS FROM THE YOUTH CORRECTIONS SYSTEM

Source: Division of Youth Corrections



**Definition:** The average daily number of Youth Corrections' clients who are absent without leave authorization divided by the average total daily number of youth in Youth Correction's custody.

**Analysis:** The overall reduction in the percent of AWOLs demonstrates the Division's ability to protect the safety of the community and client. The data show a general decline

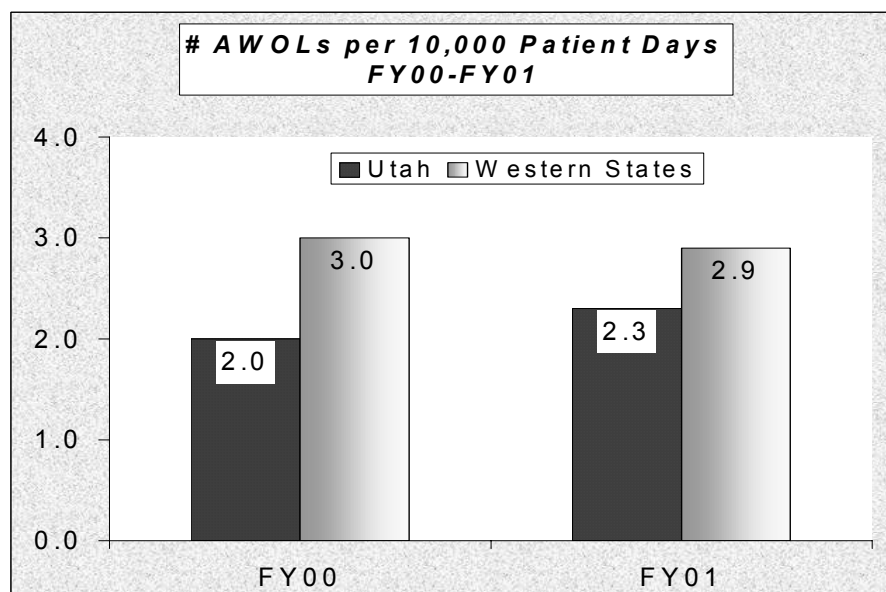
from FY97 to FY00 then a small increase in FY01.

**Future Actions:** Through a combination of more precise assessments and increased monitoring by case managers, the Division is working toward further reductions in the AWOL rate.



## AWOLS FROM THE UTAH STATE HOSPITAL

Source: Utah State Hospital, Division of Mental Health



**Definition:** The number of AWOLs (clients that have left the State Hospital without permission) at the Utah State Hospital per 10,000 patient days compared to the median number of AWOLs per 10,000 patient days for State Hospitals in 15 western states.

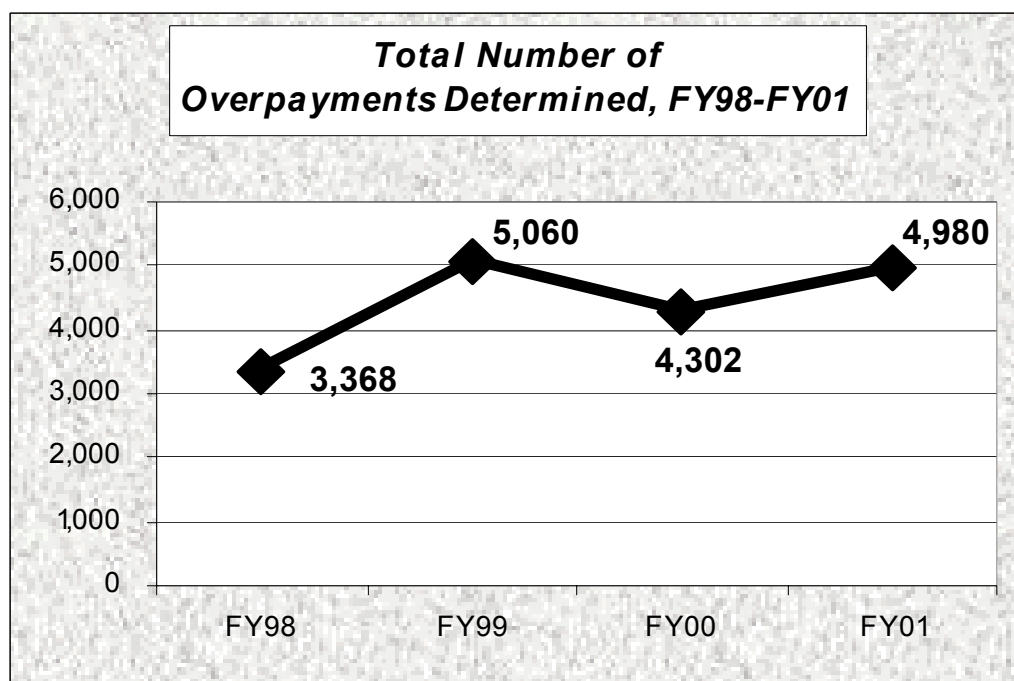
**Analysis:** Although the number of AWOLs from the State Hospital increased slightly in the past year, Utah performed better than the

western State Hospitals on this measure in both FY00 and FY01.

**Future Actions:** AWOLS will continue to be monitored by the Utah State Hospital.

## OVERPAYMENTS DETERMINED

Source: Office of Recovery Services



**Definition:** The number of public assistance overpayment obligations (not obligors, as an individual may have more than one overpayment obligation) determined as valid or invalid based upon the review and adjudication of the obligation.

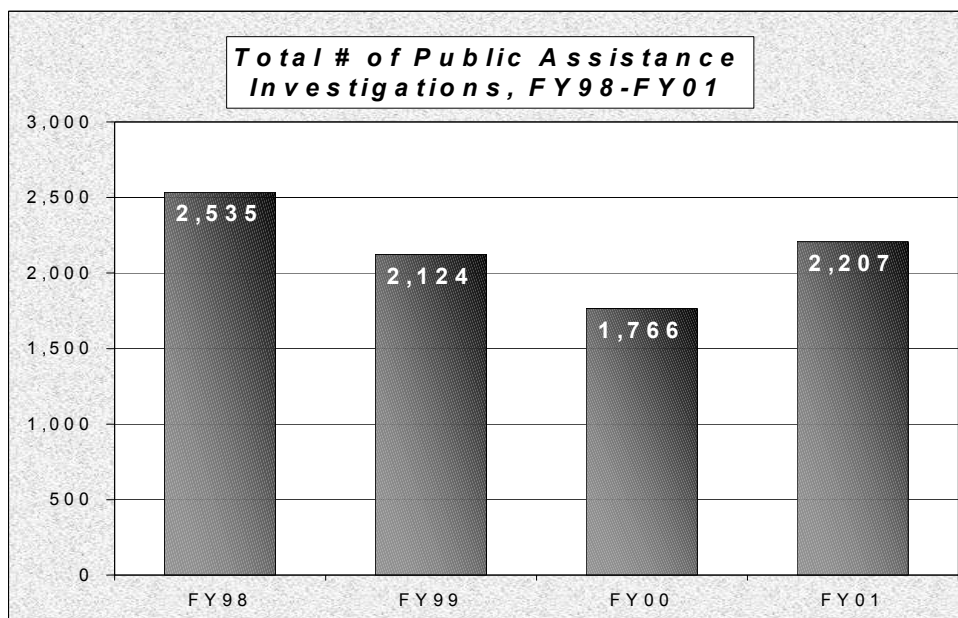
**Analysis:** Overpayment referrals are received via the Office of Recovery Services Information System (ORSIS) and via the Public Assistance Case Management Information System (PACMIS). Overpayments may be due to an agency error or the inadvertent or intentional fault of the recipient. This measure demonstrates the Office of Recovery Services' (ORS) responsiveness to referrals of possible public assistance overpayments. This measure also demonstrates how effectively ORS conducts investigations and establishes evidence sufficient to determine that an overpayment has

occurred. The establishment of debts, and the resulting collections, help to ensure that public assistance funds are used efficiently and are available for those who are eligible for assistance. In FY01, the number of overpayments determined jumped from 4,302 to 4,980—a 16% increase.

**Future Actions:** ORS will establish and meet timeframes for the establishment of Food Stamp overpayments in accordance with newly published Department of Agriculture regulations. ORS will also continue to assist with training for Department of Workforce Services staff in the correct calculation of overpayments and provide ongoing management reports to assist the Department of Workforce Services in the determination of errors.

## TOTAL PUBLIC ASSISTANCE INVESTIGATIONS COMPLETED

Source: Office of Recovery Services



**Definition:** The total number of investigations that were closed in the Office of Recovery Services Information System (ORSIS) in response to applicable referrals for alleged public assistance (Family Employment Program, Food Stamps, Medicaid, and Child Care) fraud.

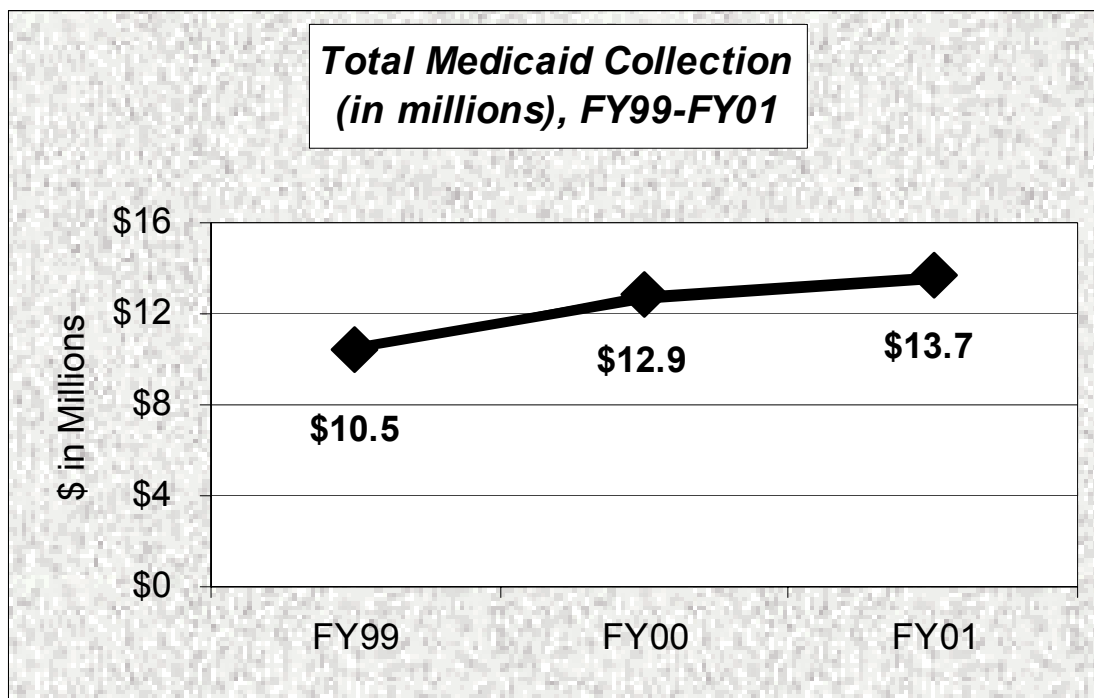
**Analysis:** This measure demonstrates the volume of suspected overpayment occurrences and/or entitlement program violations reported to Office of Recovery Services (ORS) and the capacity of ORS to conduct thorough investigations. Referrals are received from the public through the "Fraud Hotline" and through the Internet, as well as from the Department of Workforce Services and other state and federal agencies.

The number of referrals received by ORS varies based upon Department of Workforce Services' eligibility staff turnover rates, since these rates affect the workers' knowledge of eligibility and investigation referral procedures. The number of investigations completed will fluctuate based on the number of referrals received and the number of staff available to complete these investigations.

**Future Actions:** ORS will seek to ensure adequate resources that will allow staff to be more efficient in completing investigations. In addition, ORS will continue to assist with training for Department of Workforce Services staff to increase their understanding of investigation referral pathways.

## TOTAL MEDICAID COLLECTIONS

Source: Office of Recovery Services



**Definition:** Total amount collected from responsible third parties to reimburse Medicaid expenditures.

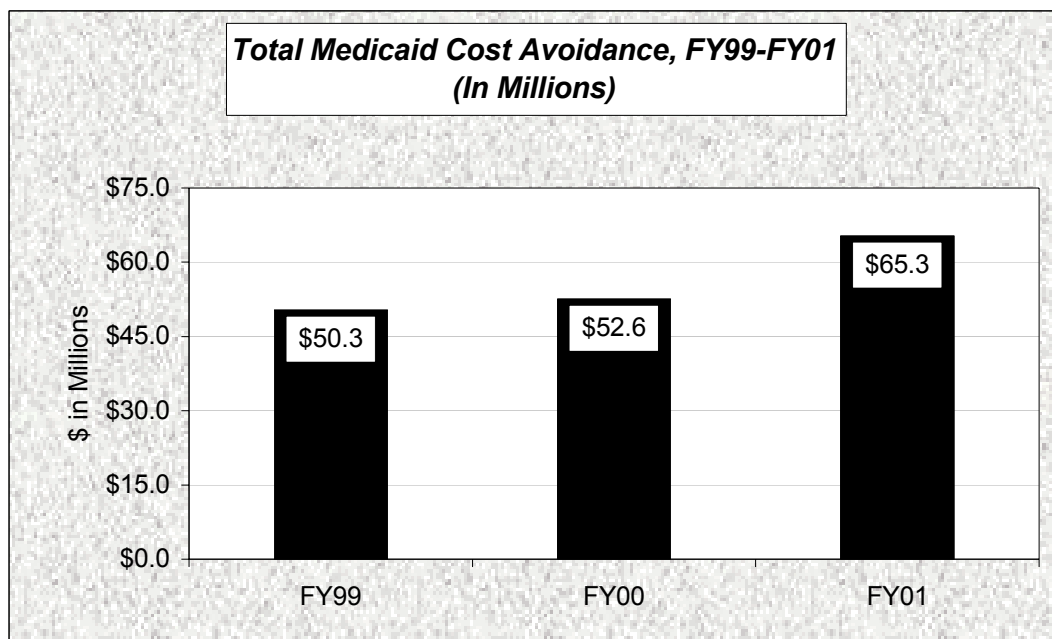
**Analysis:** This measure demonstrates how well the Office of Recovery Services (ORS) identifies Medicaid expenditures and pursues payment from third parties. Payment may be collected from private health insurance, tort recovery (Medicaid recipients are required by law to assign their third party medical benefit rights to the state), or estate recovery (for

Medicaid expenses paid after age 55). Medicaid collections have increased by over 30% in the past three fiscal years (6% since FY00). Increased efficiencies resulting from automated, electronic matching procedures with several large insurance carriers have contributed to this success.

**Future Actions:** ORS plans to continue developing the automated, electronic matching process with additional insurance carriers.

## TOTAL MEDICAID COST AVOIDANCE

Source: Office of Recovery Services



**Definition:** Total Medicaid expenditures that have been avoided due to the identification of responsible third party payers. These payers directly pay for the services received by Medicaid eligible patients.

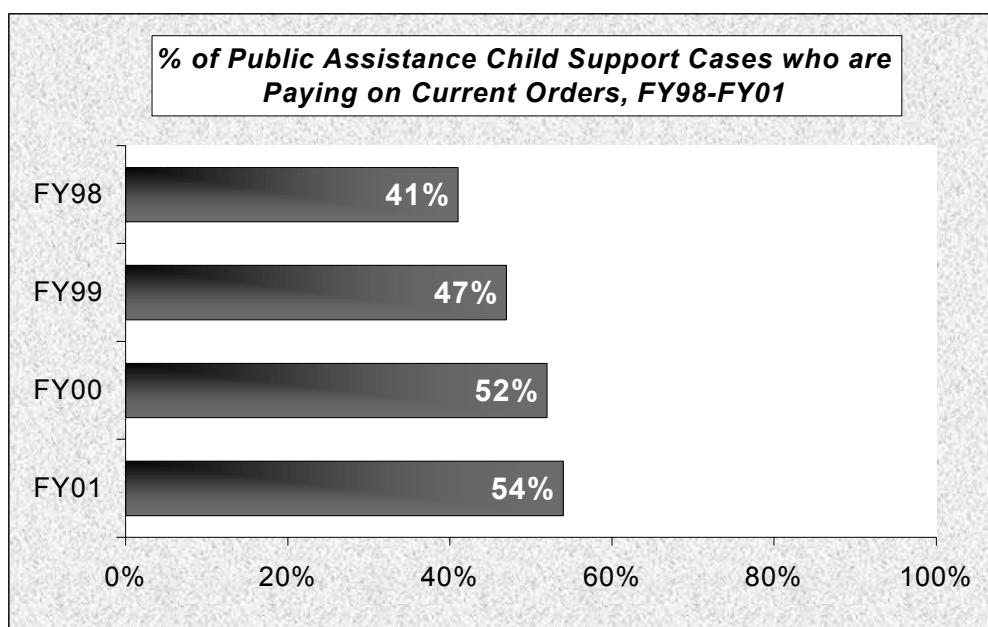
**Analysis:** This measure demonstrates how well the Office of Recovery Services (ORS) identifies liable third parties. Medicaid expenditures are avoided, and costs related to seeking reimbursement from third parties are reduced. Total Medicaid cost avoidance has

experienced a substantial increase of 24% in the last year. This success is due, in part, to the automated, electronic matching program with insurance carriers. This process helps to ensure that Medicaid resources are used efficiently and are available for those who are eligible for assistance.

**Future Actions:** ORS plans to continue developing the automated, electronic matching process with additional insurance carriers.

## PUBLIC ASSISTANCE CHILD SUPPORT CASES WHO ARE PAYING ON CURRENT ORDERS (WHERE ORDER ESTABLISHED)

Source: Office of Recovery Services



**Definition:** The number of public assistance (IV-A) child support cases in which at least one payment was received within the most recent three months divided by the total number of IV-A child support cases.

**Analysis:** This measure demonstrates how well the Office of Recovery Services (ORS) is able to collect current and overdue child support to reimburse the state for public assistance expenditures. This reimbursement helps to ensure that public assistance funds are used efficiently and are available for those who are eligible for assistance.

The percent of IV-A payments on current child support orders shows a steady increase over the most recent four fiscal years. This improvement is due to a number of factors, which include staff

efforts and clear performance targets. In addition, the availability of tools such as the New Hire Registry, Financial Institution Data Matching, and increased efficiency gained through ongoing enhancements to ORS' computer information system contribute to the increased percentage.

**Future Actions:** ORS will continue in-depth, ongoing training for staff, as well as ensure that program policy is available to all staff to support their case management activities. Case management process improvement is ongoing. ORS also plans to continue ongoing enhancements of its computer system. This will allow for increased efficiency in conducting case management and accounting activities.

# SUMMARY





## SUMMARY

The Department of Human Services uses the data presented in this report, and other performance measures, to determine whether the Department, as a whole, and its individual agencies are moving in the right direction. The Executive Director's office feels these data accurately reflect how the Department is performing, and that these measures, overall, get to the heart of what the Department aims to accomplish—to enhance the quality of life for clients; foster client self-reliance; strengthen families; protect clients, families, and communities; and assure public trust.

Overall, the Department aims to work with citizens to strengthen their capabilities and independence. Progress continues to be made towards this goal of strengthening individuals and families. Specifically, last year the Department realized the following:

- A majority of clients who were surveyed by the Divisions of Mental Health, Substance Abuse, and Services for People with Disabilities reported satisfaction with Department services.
- Two-thirds of individuals receiving substance abuse treatment did not use substances in the 30 days before discharge.
- 83% of those receiving treatment in community mental health centers either maintained or improved their general well being (compared to 72% in FY00).
- 10% of the patients at the State Hospital were re-admitted within 6 months of discharge. This percentage is among the lowest in the nation.
- 89% (compared to 71% in FY00) of those persons with disabilities receiving supports had quality outcomes, compared to 66% nationally.
- Families receiving child support increased from 74% to 77% in the past year. Total child support paid to parents reached \$110 million.
- 68% of the youth in the custody of the Division of Child and Family Services had a permanent living arrangement within 12 months of entering state's custody.
- 85% of Division of Child and Family Services cases reviewed for the Qualitative Case Review attained a passing score for Client/Family Status (up from 78% in FY00) and 57% attained a passing score on system performance (up from 42% in FY00).
- 51% of the delinquent youth served in the Division of Youth Corrections had no new charges for the 12 months after entering services. 72% had a reduced number of offenses.
- Approximately 4,400 domestic violence victims were sheltered in the past year.

The Department also measures the performance of divisions and programs on critical issues such as timeliness, consumer involvement, staff management, and service access. Highlights of these performance measures include:

- 99% of persons with disabilities served by DSPD have service plans that are approved by the consumer or the consumer's guardian.
- Delinquent youth paid 74% of victim restitution monies and completed 79% of community service hours.
- The time it takes to finalize an adoption placement after parental deprivation has dropped to 7.6 months.
- 95% of the children served by the Office of Recovery Services have had their paternity established.
- 54% of public assistance cases received child support payments; an increase of 32% over the past four years.